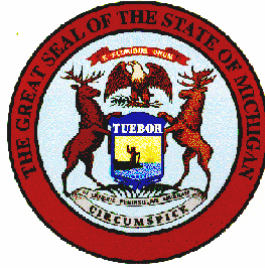


State of Michigan



Department of Community Health

Mental Health and Substance Abuse Administration
2005–2006 EXTERNAL QUALITY REVIEW
TECHNICAL REPORT
for
Prepaid Inpatient Health Plans

October 2006



1600 East Northern Avenue, Suite 100 • Phoenix, AZ 85020
Phone 602.264.6382 • Fax 602.241.0757

1. Executive Summary	1-1
Purpose of Report.....	1-1
Scope of EQR Activities Conducted	1-1
Definitions	1-2
Findings	1-3
Conclusions	1-12
2. External Quality Review Activities.....	2-1
Introduction	2-1
Compliance Monitoring Follow-up Reviews.....	2-1
Validation of Performance Measures.....	2-6
Validation of Performance Improvement Projects	2-11
3. Assessment of Health Care Quality, Timeliness, and Access, and Recommendations for PIHPs	3-1
Introduction	3-1
Quality.....	3-1
Timeliness.....	3-19
Access	3-37
4. Comparative Information	4-1
Introduction	4-1
Quality, Timeliness, and Access to Care	4-1
Compliance Standards, Performance Measures, and PIPs	4-9
Conclusions	4-14
5. Assessment of PIHP Follow-up on Prior Recommendations.....	5-1
Introduction	5-1
Access Alliance of Michigan	5-1
CMH Affiliation of Mid-Michigan.....	5-2
CMH for Central Michigan	5-3
CMH Partnership of Southeastern Michigan	5-4
Detroit-Wayne County CMH Agency	5-5
Genesee County CMH.....	5-6
Lakeshore Behavioral Health Alliance	5-7
LifeWays	5-8
Macomb County CMH Services.....	5-9
network180	5-10
NorthCare	5-11
Northern Affiliation	5-12
Northwest CMH Affiliation.....	5-13
Oakland County CMH Authority.....	5-14
Saginaw County CMH Authority	5-15
Southwest Affiliation	5-16
Thumb Alliance PIHP.....	5-17
Venture Behavioral Health.....	5-18

<i>Appendix A.</i>	References	A-1
<i>Appendix B.</i>	Results—Access Alliance of Michigan	B-1
<i>Appendix C.</i>	Results—CMH Affiliation of Mid-Michigan	C-1
<i>Appendix D.</i>	Results—CMH for Central Michigan	D-1
<i>Appendix E.</i>	Results—CMH Partnership of Southeastern Michigan	E-1
<i>Appendix F.</i>	Results—Detroit-Wayne County CMH Agency	F-1
<i>Appendix G.</i>	Results—Genesee County CMH.....	G-1
<i>Appendix H.</i>	Results—Lakeshore Behavioral Health Alliance	H-1
<i>Appendix I.</i>	Results—LifeWays	I-1
<i>Appendix J.</i>	Results—Macomb County CMH Services	J-1
<i>Appendix K.</i>	Results—network180	K-1
<i>Appendix L.</i>	Results—NorthCare.....	L-1
<i>Appendix M.</i>	Results—Northern Affiliation	M-1
<i>Appendix N.</i>	Results—Northwest CMH Affiliation	N-1
<i>Appendix O.</i>	Results—Oakland County CMH Authority	O-1
<i>Appendix P.</i>	Results—Saginaw County CMH Authority	P-1
<i>Appendix Q.</i>	Results—Southwest Affiliation	Q-1
<i>Appendix R.</i>	Results—Thumb Alliance PIHP	R-1
<i>Appendix S.</i>	Results—Venture Behavioral Health	S-1
<i>Appendix T.</i>	Results—All PIHPs	T-1

ACKNOWLEDGMENTS AND COPYRIGHTS

CAHPS® refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS® refers to the Health Plan Employer Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.

Purpose of Report

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states to prepare an annual technical report that describes the manner in which data from activities conducted in accordance with 42 Code of Federal Regulations (CFR) 438.358 were aggregated and analyzed. The report must describe how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by the states' managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs). The report of results must also contain an assessment of the strengths and weaknesses of the plans with regard to health care quality, timeliness, and access, and must make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MCOs and PIHPs. In an effort to meet this requirement, the State of Michigan, Michigan Department of Community Health (MDCH), contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare a report regarding the external quality review (EQR) activities performed on the State's contracted prepaid inpatient health plans (PIHPs).

MDCH, in response to the Year 1 EQR review findings, identified the improvement of the PIHPs' customer service unit processes and the production/provision of enrollee rights information for Medicaid beneficiaries as system priorities. Within a one-year period, MDCH established and participated in a work group with representatives of PIHP customer services units to develop statewide customer service standards and a template for standardized language for customer handbooks. Furthermore, MDCH provided training for customer services staff and administrators.

MDCH has also made recent efforts to work with consumers, families, advocates, and mental health professionals to extensively revise and enhance the Performance Indicator System based on recommendations provided in the previous year's technical report. The results from this newly revised set of indicators provide a baseline from which to discover opportunities for improvement. The results from this new indicator set are discussed in the sections on performance measures, where relative strengths and opportunities for improvement are discussed.

Scope of EQR Activities Conducted

This EQR technical report focuses on the three federally mandated EQR activities that were conducted. As set forth in 42 CFR 438.352, these mandatory activities included:

- ◆ **Compliance monitoring follow-up evaluation.** This evaluation was designed to determine the PIHPs' compliance with their contract and with state and federal regulations through review of various compliance monitoring standards and through review of individual records to evaluate implementation of the standards. The review focused on areas that were not found to be fully compliant in the previous year's compliance monitoring evaluation.

- ◆ **Validation of performance measures.** HSAG validated each of the performance measures identified by MDCH to evaluate the accuracy of the performance measures reported by or on behalf of a PIHP. The validation also determined the extent to which Medicaid-specific performance measures calculated by a PIHP followed specifications established by MDCH.
- ◆ **Validation of performance improvement projects (PIPs).** For each PIHP, one PIP was reviewed to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care to be achieved and giving confidence in the reported improvements.

Definitions

The BBA states that “each contract with a Medicaid managed care organization must provide for an annual external independent review conducted by a qualified independent entity of the quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible.”¹⁻¹ The domains of quality, timeliness, and access have been chosen by the Centers for Medicare & Medicaid Services (CMS) as keys to evaluating the performance of MCOs and PIHPs. The following definitions were used by HSAG to evaluate and draw conclusions about the performance of the PIHPs in each of these domains.

Quality

CMS defines quality in the final rule for 42 CFR 438.320 as follows: “Quality, as it pertains to external quality review, means the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through provision of health services that are consistent with current professional knowledge.”¹⁻²

Timeliness

Timeliness is defined by the National Committee for Quality Assurance (NCQA) relative to utilization decisions, as follows: “The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation.”¹⁻³ It further discusses the intent of this standard to minimize any disruption in the provision of health care. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that require timely response by the MCO or PIHP, e.g., processing expedited appeals and providing timely follow-up care.

Access

In the preamble to the BBA Rules and Regulations,¹⁻⁴ CMS discusses access and availability of services to Medicaid enrollees as the degree to which MCOs and PIHPs implement the standards set forth by the State to ensure that all covered services are available to enrollees. Access includes the availability of an adequate and qualified provider network that considers the needs and characteristics of the enrollees served by the MCO or PIHP.

Findings

To draw conclusions and make assessments about the quality and timeliness of, and access to, care provided by the PIHPs, HSAG categorized the findings from all EQR activities into these three domains.

Following is a statewide summary of the conclusions drawn regarding the PIHPs' strengths, weaknesses, and recommendations with respect to quality, timeliness, and access. For specific PIHP strengths, weaknesses, and recommendations, refer to Section 3 and to the PIHP-specific appendices in this report.

Quality

Table 1-1 presents the results for measures assessing quality. The table shows the average scores across all PIHPs, as well as the minimum and the maximum scores obtained by the individual PIHPs. The table shows (in the bottom row) that the State averaged 91 percent for the three domains in the table that assess quality. Individual PIHP average scores ranged from 79 to 97 percent. Overall, four PIHPs averaged less than 90 percent across the quality measures, while three PIHPs averaged at least 95 percent (seen throughout Section 3 and in the PIHP-specific appendices).

Measures	Average Across PIHPs	PIHP Minimum	PIHP Maximum
Quality Standards Average	96%	82%	100%
Quality Performance Measures Average	90%	81%	95%
Quality PIP Topic Average	87%	61%	100%
Overall Quality Average	91%	79%	97%

For the standards that assess quality, the PIHPs performed quite well overall and, for the most part, individually. The table shows that the average score for quality standards across all PIHPs was 96 percent, ranging from 82 to 100 percent for the individual PIHPs (see Appendix T, Table T-1). Only 2 of the 18 PIHPs posted quality standards average scores that were lower than 90 percent, while 14 PIHPs scored at least 95 percent. On balance, the PIHPs are to be commended on the scores for their quality standards.

The overall scores for the quality performance measures were not quite as high as they were for the quality standards. The PIHPs across the State averaged 90 percent for this category, ranging from 81 to 95 percent for the individual PIHPs (see Appendix T, Table T-2). Of the 18 PIHPs, 7 PIHPs scored lower than 90 percent for their quality performance measure average, while only 1 PIHP scored at least 95 percent. This finding suggests that the State might want to view the category as a general opportunity for improvement for selected PIHPs. Details are discussed in Section 3.

The statewide average for the PIP scores (the statewide topic was coordination of care) was 87 percent, and individual scores ranged from 61 to 100 percent (see Appendix T, Table T-3). Eight of the 18 PIHPs scored lower than 90 percent for their PIP, while four PIHPs scored at least 95

percent. The PIP results suggest an important opportunity for improvement across almost half of the PIHPs because the category had the lowest score of the three categories assessing quality and the largest number of PIHPs scoring below 90 percent, and because the PIP has been standardized across the 18 PIHPs in the State.

Timeliness

Table 1-2 presents the results for measures assessing timeliness. The table shows the average scores across all PIHPs, as well as the minimum and the maximum scores obtained by the individual PIHPs. The State averaged 94 percent for the two domains that assess timeliness. Individual PIHP average scores ranged from 82 percent to 99 percent. Overall, only two of the PIHPs averaged less than 90 percent across the timeliness measures, while 13 PIHPs averaged at least 95 percent (seen throughout Section 3, and in the PIHP-specific appendices). These findings suggest that performance on timeliness measures, overall, is an area of strength for the State's PIHPs.

Measures	Average Across PIHPs	PIHP Minimum	PIHP Maximum
Timeliness Standards Average	96%	79%	100%
Timeliness Performance Measures Average	92%	81%	97%
Overall Timeliness Average	94%	82%	99%

For the standards that assess timeliness, the PIHPs performed well overall and, for the most part, individually. The table shows that the average score for timeliness standards across all PIHPs was 96 percent, ranging from 79 to 100 percent for the individual PIHPs (see Appendix T, Table T-4). Only 2 of the 18 PIHPs posted timeliness standards average scores that were lower than 90 percent, while 13 PIHPs scored at least 95 percent and 12 PIHPs scored 100 percent. On balance, the PIHPs are to be commended on the scores for their timeliness standards.

The overall scores for the timeliness performance measures were not quite as high as they were for the quality standards. The PIHPs across the State averaged 92 percent for this category, ranging from 81 to 97 percent for the individual PIHPs (see Appendix T, Table T-5). Of the 18 PIHPs, 4 of the PIHPs scored lower than 90 percent for their timeliness performance measure average, while 7 PIHPs scored at least 95 percent. This finding suggests that the State might want to view the category as a minor opportunity for improvement across a few of the PIHPs.

Access

Table 1-3 presents the results for measures assessing access. The table shows the average scores across all PIHPs, as well as the minimum and the maximum scores obtained by the individual PIHPs. The table shows (in the bottom row) that the State averaged 92 percent for the three domains in the table that assess access. Individual PIHP average scores ranged from 77 percent to 99 percent. Overall, only three of the PIHPs averaged less than 90 percent across the access measures, while seven PIHPs averaged at least 95 percent (seen throughout Section 3 and in the PIHP-specific

appendices). These findings suggest that performance on access measures, overall, is an area of relative strength for the State's PIHPs, although several opportunities for improvement exist within the individual PIHPs.

Table 1-3—Measures Assessing Access			
Measures	Average Across PIHPs	PIHP Minimum	PIHP Maximum
Access Standards Average	98%	77%	100%
Access Performance Measures Average	92%	81%	97%
Access PIP Topic Average	87%	61%	100%
Overall Access Average	92%	77%	99%

For the standards that assess access, the PIHPs performed exceedingly well overall and, for the most part, individually. The table shows that the average score for access standards across all PIHPs was 98 percent, ranging from 77 to 100 percent for the individual PIHPs. Only 2 of the 18 PIHPs posted access standards average scores that were lower than 90 percent, while 15 PIHPs scored at least 95 percent and 14 scored 100 percent (see Appendix T, Table T-6). On balance, the PIHPs are to be commended on the scores for their access standards.

The overall scores for the access performance measures were not as high as they were for the quality standards. The PIHPs across the State averaged 92 percent for this category, ranging from 81 to 97 percent for the individual PIHPs. Of the 18 PIHPs, 4 PIHPs scored lower than 90 percent for their quality performance measure average, while 7 PIHPs scored at least 95 percent (see Appendix T, Table T-7). This finding suggests that the State might want to view the category as a somewhat less important opportunity for improvement overall, but still important for selected PIHPs, the details for which are discussed in Section 3.

The statewide average for the PIP scores was 87 percent and ranged from 61 to 100 percent. Eight of the 18 PIHPs scored lower than 90 percent for their PIP, while four PIHPs scored at least 95 percent (see Appendix T, Table T-8). PIP results suggest an important opportunity for improvement across almost half of the PIHPs because the category had the lowest score of the three categories assessing access and the largest number of PIHPs scoring below 90 percent, and because the PIP has been standardized across the 18 PIHPs in the State.

Variation in Quality, Timeliness, and Access Across PIHPs

Although the previous three tables have shown the average, minimum, and maximum scores for quality, timeliness, and access across PIHPs, the tables do not show the manner by which relatively high or low scores might cluster within individual PIHPs. Information on this type of clustering can be important to an assessment of each PIHP's overall performance on the measures used in the current review. For this reason, Table 1-4 presents each PIHP's score for the compliance standards, performance measures, and PIPs separately for quality, timeliness and access. Due to measures often being relevant to more than one category of quality, timeliness, and access, the scores across measures for each PIHP can be correlated to varying degrees. Nonetheless, the overall pattern effectively highlights PIHPs that performed strongest on the measures and those with greater

opportunities for improvement. Scores in the shaded cells within Table 1-4 are lower than the statewide average for all PIHPs.

Table 1-4—Quality, Timeliness, and Access Scores for Compliance Standards, Performance Measures, and PIPs								
	Quality			Timeliness		Access		
PIHP	CS	PM	PIP	CS	PM	CS	PM	PIP
Access Alliance of Michigan	99%	91%	78%	100%	92%	100%	92%	78%
CMH Affiliation of Mid-Michigan	99%	94%	90%	100%	97%	100%	97%	90%
CMH for Central Michigan	93%	82%	61%	79%	86%	84%	86%	61%
CMH Partnership of Southeastern Michigan	96%	90%	100%	100%	96%	100%	96%	100%
Detroit-Wayne County CMH Agency	82%	86%	77%	82%	81%	77%	81%	77%
Genesee County CMH	100%	88%	90%	100%	91%	100%	91%	90%
Lakeshore Behavioral Health Alliance	99%	90%	94%	100%	93%	100%	93%	94%
LifeWays	100%	92%	79%	100%	94%	100%	94%	79%
Macomb County CMH Services	99%	81%	100%	100%	87%	100%	87%	100%
network180	89%	88%	90%	94%	89%	98%	89%	90%
NorthCare	98%	93%	100%	98%	96%	100%	96%	100%
Northern Affiliation	95%	94%	86%	94%	95%	94%	95%	86%
Northwest CMH Affiliation	99%	91%	71%	100%	91%	100%	91%	71%
Oakland County CMH Authority	99%	94%	92%	100%	97%	100%	97%	92%
Saginaw County CMH Authority	94%	90%	90%	90%	92%	100%	92%	90%
Southwest Affiliation	98%	84%	95%	100%	95%	100%	95%	95%
Thumb Alliance PIHP	100%	95%	78%	100%	97%	100%	97%	78%
Venture Behavioral Health	100%	89%	89%	100%	91%	100%	91%	89%
State Average	96%	90%	87%	96%	92%	98%	92%	87%
CS = Compliance Standards PM = Performance Measures PIP = Performance Improvement Project Scores in shaded cells are lower than the State average.								

Perhaps the most evident finding from Table 1-4 is that two PIHPs posted below average scores across all categories in the table—CMH for Central Michigan and Detroit-Wayne County CMH Agency. These two PIHPs show opportunities for improvement across the quality, timeliness, and access domains as assessed by the measures in the current review.

Also shown in Table 1-4 are five agencies that posted above-average scores across all categories of measures within the quality, timeliness, and access domains. The five PIHPs are CMH Affiliation of Mid-Michigan, CMH Partnership of Southeastern Michigan, Lakeshore Behavioral Health Alliance, NorthCare, and Oakland County CMH Authority. The consistently above-average performance of these five PIHPs is commendable and indicates the overall strength of their policies and systems.

Changes from the Previous Year

The previous year's assessment contained results for compliance standards, performance measures, and PIPs, but was not categorized within the domains of quality, timeliness, and access. The measures under review for compliance standards and PIPs were sufficiently congruent to support a year-to-year assessment of change. Some of the performance measures, however, were required to be reported by the PIHPs for the first time this year. For this reason, the performance measures are addressed as setting baseline measurements from which future changes can be assessed. Further, the performance measures can be assessed for the single year to highlight both strengths and opportunities for improvement by comparing the performance measures to other PIHPs.

Compliance Standards

Table 1-5 presents the two-year comparative results for the compliance measures. To compare performance on the compliance standards across two years, scores for the PIHPs' Year 1 performance had to be calculated somewhat differently than originally presented in the Year 1 reports.* When evaluating a change in scores from Year 1 (i.e., "04-05") to Year 2 (i.e., "05-06"), however, it should be noted that the elements and subelements that were scored as Met in Year 1 were not reevaluated in Year 2. Instead, the PIHPs retained credit for meeting the elements and subelements scored as Met in Year 1 for the Year 2 assessment. As an outcome of this methodology, the Year 2 scores could have been either the same as or higher than the Year 1 scores, but not lower.

* Details about the conversion of Year 1 data for comparability with Year 2 are discussed in Section 4 of this report.

Table 1-5—Summary of MDCH PIHP Compliance Standards Scores

PIHP	Standard I QAPI	Standard II Performance Mgmt.	Standard III Practice Guidelines	Standard IV Staff Qualifications	Standard V Utilization Management	Standard VI Customer Service	Standard VII Grievance Process	Standard VIII Enrollee Rights	Overall Compliance Monitoring
	<u>04-05</u> <u>05-06</u>	<u>04-05</u> <u>05-06</u>	<u>04-05</u> <u>05-06</u>	<u>04-05</u> <u>05-06</u>	<u>04-05</u> <u>05-06</u>	<u>04-05</u> <u>05-06</u>	<u>04-05</u> <u>05-06</u>	<u>04-05</u> <u>05-06</u>	<u>04-05</u> <u>05-06</u>
Access Alliance of Michigan	<u>64</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>54</u> 100	<u>62</u> 100	<u>24</u> 100	<u>55</u> 94	<u>66</u> 99
CMH Affiliation of Mid-Michigan	<u>41</u> 100	<u>71</u> 100	<u>100</u> 100	<u>100</u> 100	<u>44</u> 100	<u>77</u> 100	<u>28</u> 100	<u>54</u> 91	<u>57</u> 98
CMH for Central Michigan	<u>71</u> 100	<u>57</u> 100	<u>100</u> 100	<u>100</u> 100	<u>68</u> 68	<u>92</u> 100	<u>15</u> 69	<u>45</u> 79	<u>63</u> 88
CMH Partnership of Southeastern Michigan	<u>91</u> 100	<u>100</u> 100	<u>64</u> 93	<u>50</u> 83	<u>38</u> 100	<u>38</u> 100	<u>33</u> 100	<u>57</u> 97	<u>62</u> 98
Detroit-Wayne County CMH Agency	<u>41</u> 77	<u>46</u> 88	<u>57</u> 100	<u>100</u> 100	<u>36</u> 92	<u>54</u> 62	<u>22</u> 67	<u>78</u> 81	<u>52</u> 83
Genesee County CMH	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>63</u> 100	<u>100</u> 100	<u>54</u> 100	<u>80</u> 100	<u>86</u> 100
Lakeshore Behavioral Health Alliance	<u>87</u> 100	<u>85</u> 100	<u>90</u> 100	<u>100</u> 100	<u>85</u> 100	<u>100</u> 100	<u>79</u> 100	<u>86</u> 92	<u>87</u> 98
LifeWays	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>85</u> 100	<u>77</u> 100	<u>94</u> 100
Macomb County CMH Services	<u>59</u> 95	<u>69</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>62</u> 100	<u>58</u> 97	<u>76</u> 99
network180	<u>76</u> 100	<u>100</u> 100	<u>70</u> 70	<u>100</u> 100	<u>96</u> 96	<u>92</u> 100	<u>77</u> 85	<u>66</u> 69	<u>84</u> 89
NorthCare	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>72</u> 100	<u>69</u> 100	<u>78</u> 94	<u>69</u> 91	<u>84</u> 98
Northern Affiliation	<u>86</u> 100	<u>96</u> 100	<u>50</u> 90	<u>100</u> 100	<u>79</u> 88	<u>85</u> 100	<u>78</u> 94	<u>76</u> 79	<u>82</u> 92
Northwest CMH Affiliation	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>84</u> 100	<u>100</u> 100	<u>56</u> 100	<u>61</u> 94	<u>84</u> 99
Oakland County CMH Authority	<u>91</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>48</u> 100	<u>92</u> 100	<u>61</u> 100	<u>83</u> 92	<u>82</u> 98
Saginaw County CMH Authority	<u>76</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>74</u> 100	<u>85</u> 100	<u>08</u> 69	<u>81</u> 88	<u>79</u> 94
Southwest Affiliation	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>94</u> 100	<u>73</u> 89	<u>93</u> 98
Thumb Alliance PIHP	<u>100</u> 100	<u>86</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>89</u> 100	<u>78</u> 100	<u>91</u> 100
Venture Behavioral Health	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>96</u> 100	<u>92</u> 100	<u>94</u> 100	<u>97</u> 100	<u>97</u> 100
Statewide Standard Average	<u>82</u> 98	<u>90</u> 99	<u>91</u> 98	<u>97</u> 99	<u>75</u> 97	<u>85</u> 98	<u>59</u> 94	<u>71</u> 91	<u>79</u> 96

Table 1-5 presents a picture of widespread improvement across the PIHPs. Very few rates that were not 100 percent in Year 1 remained unchanged in Year 2. Most of the non-perfect Year 1 rates increased substantially in Year 2. As of the Year 2 scoring, all eight compliance standards averaged greater than 90 percent across all eighteen PIHPs. Further, only three PIHPs averaged less than 90 percent across the eight compliance standards: CMH for Central Michigan, Detroit-Wayne County

CMH Agency, and network180 – the first two of which scored the lowest of the PIHPs in Table 1-5 for Year 2 and were the only two PIHPs scoring consistently below average in Table 1-4.

Performance Measures

Eight performance measures were assessed for their compliance with technical requirements, specifications, and construction for both the previous and the current year. The performance measures were scored as Fully Compliant, Substantially Compliant, or Not Valid. Table 1-6 presents the results for the previous and current years.

Table 1-6—Degree of Compliance for Eight Selected Performance Measures						
Performance Measure	Percent of PIHPs					
	Fully Compliant		Substantially Compliant		Not Valid	
	04-05	05-06	04-05	05-06	04-05	05-06
Indicator 1. Percent of emergency referrals completed within the time standard (children and adults).	6%	78%	17%	22%	78%	0%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	56%	78%	44%	22%	0%	0%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	28%	83%	67%	11%	6%	6%
Indicator 4a. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults).	22%	83%	72%	11%	6%	6%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	N/A	78%	N/A	11%	N/A	11%
Indicator 5. Penetration rate.	67%	94%	28%	0%	6%	6%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	N/A	100%	N/A	0%	N/A	0%
Indicator 12. Percent of discharges readmitted to inpatient care within 30 days of discharge (children and adults).	17%	89%	83%	11%	0%	0%

Similar to the overall outcome shown in Table 1-5 for the two-year comparison, Table 1-6 shows relatively large increases in full compliance across the eight performance measures. These increases are to the credit of the PIHPs statewide. Nonetheless, the first two indicators in the table show a generalized opportunity for improvement by posting rates of 22 percent as Substantially Compliant. Furthermore, PIHPs receiving a score of Not Valid should examine and consider changes to the relevant policies and systems.

The current performance measure set was not used in the previous year's report. Nonetheless, a cross-sectional assessment this year forms the basis for the recognition of current strengths or opportunities for improvement across the eighteen PIHPs. Table 1-7 shows these results.

Table 1-7—Year 2 Performance Measures

PIHP	Emergency Referrals--Children	Emergency Referrals--Adults	Initial Assessment Within 14 Days	Initiate On-going Service Within 14 Days	7-Day Psychiatric Follow-Up--Children	7-Day Psychiatric Follow-Up--Adult	7-Day Detox Follow-Up	Penetration Rate	HSW Rate	30-Day Readmission Rate--Children	30-Day Readmission Rate--Adult
Access	100%	99.00%	92.42%	89.11%	83.33%	88.24%	91.67%	8.20%	98.48%	0.0%	14.93%
CMHAMM	100%	98.94%	99.28%	98.39%	91.30%	91.94%	NV	5.71%	99.19%	0.0%	11.11%
CMH Central	96.00%	99.00%	97.00%	93.28%	50.00%	69.05%	100%	6.95%	98.24%	16.67%	6.98%
CMH Partnership	100%	100%	99.00%	95.00%	92.00%	87.00%	98.00%	6.31%	85.60%	8.00%	13.00%
Detroit-Wayne	93.58%	71.78%	NV	NV	68.67%	72.24%	100%	4.61%	98.84%	11.24%	15.19%
Genesee	98.00%	96.00%	98.05%	84.18%	83.33%	87.74%	92.31%	4.85%	97.76%	18.75%	11.48%
Lakeshore	100%	98.00%	98.57%	95.51%	87.50%	95.12%	75.00%	NV	98.69%	13.33%	4.17%
LifeWays	95.24%	97.41%	94.44%	100%	78.95%	93.33%	100%	5.56%	94.78%	0.0%	15.15%
Macomb	100%	100%	95.86%	95.15%	73.08%	42.61%	100%	5.11%	99.36%	11.11%	18.03%
network180	95.31%	95.31%	97.59%	77.10%	96.30%	92.05%	71.43%	4.59%	96.82%	11.76%	19.79%
North Care	98.80%	98.80%	94.80%	92.70%	100%	93.50%	93.50%	6.12%	99.45%	8.70%	20.90%
Northern Affiliation	100%	98.00%	98.46%	93.85%	100%	100%	75.00%	5.99%	98.14%	0.0%	10.00%
Northwest CMH	95.00%	96.00%	96.34%	91.57%	75.00%	83.67%	100%	6.36%	96.13%	4.76%	5.17%
Oakland	99.10%	94.07%	100%	93.63%	100%	98.21%	94.44%	7.44%	99.08%	13.16%	16.67%
Saginaw	100%	98.00%	84.00%	84.37%	NV	NV	NV	4.01%	98.26%	9.09%	17.94%
Southwest Alliance	98.00%	96.90%	99.60%	96.00%	93.80%	83.80%	100%	6.51%	96.06%	52.60%	17.50%
Thumb Alliance	100%	99.27%	99.40%	98.40%	91.67%	90.32%	100%	6.45%	100%	0.0%	11.29%
Venture	100%	100%	89.67%	84.05%	91.67%	95.83%	73.08%	5.56%	94.34%	8.33%	9.72%

The rates for the tables are discussed separately for each PIHP in Appendices B-S and collectively in Appendix T. In these appendices, the rates are categorized and evaluated in terms of quality, timeliness, and access. The evaluations of the performance measure scores for each PIHP are referenced against the average scores across all PIHPs.

Performance Improvement Projects (PIPs)

Table 1-8 presents a 2-year comparison of PIP scores. The table shows the PIHPs with the more persistent opportunities for improvement to be CMH for Central Michigan, Northwest CMH Affiliation, and Thumb Alliance PIHP. Nonetheless, the validation status columns suggest a somewhat more generalized opportunity for improvement across the several of the PIHPs.

Table 1-8—Comparison of Each PIHP's PIP Validation Scores for 2004–2005 and 2005–2006						
Statewide PIP Study Topic- Coordination of Care	% of All Elements Met		% of All Critical Elements Met		Validation Status	
PIHP	04-05	05-06	04-05	05-06	04-05	05-06
Access Alliance of Michigan	35%	78%	23%	92%	Not Met	Partially Met
CMH Affiliation of Mid-Michigan	46%	90%	38%	80%	Not Met	Partially Met
CMH for Central Michigan	65%	61%	91%	54%	Partially Met	Not Met
CMH Partnership of Southeastern Michigan	61%	100%	80%	100%	Not Met	Met
Detroit-Wayne County CMH Agency	48%	77%	38%	85%	Not Met	Not Met
Genesee County CMH	88%	90%	100%	100%	Met	Met
Lakeshore Behavioral Health Alliance	63%	94%	85%	100%	Not Met	Met
LifeWays	38%	79%	30%	85%	Not Met	Partially Met
Macomb County CMH Services	50%	100%	69%	100%	Not Met	Met
network180	85%	90%	100%	92%	Met	Partially Met
NorthCare	86%	100%	100%	100%	Met	Met
Northern Affiliation	51%	86%	50%	69%	Not Met	Partially Met
Northwest CMH Affiliation	75%	71%	100%	62%	Partially Met	Not Met
Oakland County CMH Authority	63%	92%	85%	92%	Not Met	Not Met
Saginaw County CMH Authority	43%	90%	23%	100%	Not Met	Met
Southwest Affiliation	69%	95%	85%	100%	Not Met	Met
Thumb Alliance PIHP	91%	78%	100%	85%	Met	Partially Met
Venture Behavioral Health	72%	89%	92%	100%	Partially Met	Met
Shaded cells show a lack of improvement between the two yearly assessments.						

Conclusions

Several opportunities for improvement were highlighted for specific PIHPs and generally across PIHPs. An example of a generalized opportunity for improvement can be seen in the validation status for PIPs, where fewer than half of the PIHPs received a score of Met for the current year. Opportunities for improvement also clustered within PIHPs, as shown in and discussed for Table 1-4—Quality, Timeliness, and Access Scores for Compliance Standards, Performance Measures, and PIPs. In that table, two PIHPs were shown to score below the statewide average across all measures in the table.

Overall, however, the results shown herein present a process of generalized improvement across broad categories of measures (i.e., compliance standards, performance measures, and PIPs) and domains that are relevant to the BBA requirements for a technical report to address quality and timeliness, and access to care. Several individual and collective strengths have been highlighted for the PIHPs, perhaps the most important of these being the improvements seen between the previous and current years.

2. External Quality Review Activities

Introduction

This section of the report describes the manner in which the data from activities conducted in accordance with 42 CFR 438.358 were aggregated and analyzed, and how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by each PIHP.

For each of the EQR-related activities that follow, results of the activities are displayed with conclusions drawn from the data. The findings are also categorized as contributing to the overall assessment of health care quality, timeliness, or access.

Compliance Monitoring Follow-up Reviews

Objectives

Private accreditation organizations, state licensing and Medicaid agencies, and the federal Medicare program all recognize that having standards is only the first step in promoting safe and effective health care. Making sure that the standards are followed is the second step. According to 42 CFR 438.358, the state or its EQRO must conduct a review within a three-year period to determine the PIHPs' compliance with quality assessment and performance improvement (QAPI) program standards. To complete this requirement, HSAG, through its EQRO contract with the State of Michigan, performed follow-up compliance evaluations of the eighteen PIHPs with which the State contracts.

The primary objective of the 2005–2006 reviews was to determine the PIHPs' compliance with federal and State regulations, and with contractual requirements, for specific standards that were found to be less than fully compliant in the previous year's compliance monitoring reviews. The reviews addressed the following eight compliance areas during the previous year's review and, during the current year, addressed the standards that were not compliant during that previous review:

- ◆ Standard I. Quality Assessment and Performance Improvement Program Plan and Structure
- ◆ Standard II. Performance Measurement and Improvement
- ◆ Standard III. Practice Guidelines
- ◆ Standard IV. Staff Qualifications and Training
- ◆ Standard V. Utilization Management
- ◆ Standard VI. Customer Service
- ◆ Standard VII. Recipient Grievance Process
- ◆ Standard VIII. Recipient Rights and Protections

The PIHP's implementation of a number of these individual compliance standards was also evaluated through associated record reviews. The following record reviews were conducted as needed to follow up on findings from the prior year:

- ◆ Grievances
- ◆ Denials of Service

The information and findings from the compliance reviews are being used by MDCH and the individual PIHPs to:

- ◆ Evaluate the quality and timeliness of, and access to, behavioral health care furnished by the PIHPs.
- ◆ Identify, implement, and monitor system interventions to improve quality.
- ◆ Evaluate the current performance processes.
- ◆ Plan and initiate activities to sustain and enhance current performance processes.

This is the second year that HSAG has performed an evaluation of the PIHPs' compliance. The results from these reviews will provide an opportunity to inform MDCH and the PIHPs of areas of strength and any corrective actions needed.

Technical Methods of Data Collection

Prior to beginning site reviews of the PIHPs, HSAG developed standardized data collection survey tools for use in the reviews. One tool was for evaluating compliance with requirements in each of the standard areas found less than fully met by the PIHP in the previous year, and the other two tools were for conducting record reviews. The content of the tools was based on applicable federal and State laws and regulations, and the requirements set forth in the contract agreement between MDCH and the PIHPs. HSAG also followed the guidelines set forth in the February 11, 2003, CMS protocols, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs)*. Once the review tools and processes were approved by MDCH, HSAG provided technical assistance to the PIHPs regarding the tools and the review processes.

For each of the PIHP reviews, HSAG followed the same basic steps that included:

- ◆ **Pre-review Activities.** Activities included scheduling the site review or follow-up phone interview, developing the review agenda, and, if requested, holding a pre-review conference call with the PIHP to answer questions and provide any needed information. The agenda, as well as the data collection survey tools, were provided to the PIHP to help facilitate its preparation for the review. One key pre-review activity was the desk review of key documents and other information that HSAG obtained from MDCH and the PIHP. This desk review enabled HSAG surveyors to better understand the PIHP's operations, identify areas needing clarification, and begin compiling information before the follow-up review.

In preparation for the on-site review of records, HSAG generated audit samples based on data files provided by the PIHPs. These files included the following databases: grievance records and denial of service records. From each of these databases a random sample of unduplicated records was selected for review. In general, for each record review, 10 records were selected for the sample and 5 additional records for the oversample.

- ◆ **Follow-up Review:** The reviews, which were conducted either on-site at the PIHP or via phone conference, lasted one day with two reviewers (for the on-site reviews) or one to four hours with one or two reviewers (for the phone conferences). Each on-site review included an opening

conference to review the agenda and objectives of the review, document and record review processes, interviews with key PIHP staff, and a closing conference during which HSAG summarized preliminary findings and required actions. Each phone conference included a review of the objectives of the review, interviews with key PIHP staff, and a brief closing summation of preliminary findings. All findings were documented on the data collection survey tools, which now serve as a comprehensive record of the follow-up compliance monitoring review activity.

Description of Data Obtained

To assess the PIHPs' compliance with federal and State requirements, HSAG obtained information from a wide range of written documents produced by the PIHPs, including:

- ◆ Committee meeting agendas, minutes, and handouts.
- ◆ Policies and procedures.
- ◆ The QAPI program plan, work plan, and annual evaluation.
- ◆ Focused study reports.
- ◆ Management/monitoring reports (e.g., grievances, utilization).
- ◆ Provider service and delegation agreements and contracts.
- ◆ Clinical review criteria.
- ◆ Practice guidelines.
- ◆ The provider manual and directory.
- ◆ The consumer handbook and informational materials.
- ◆ Staff training materials and documentation of attendance.
- ◆ Consumer satisfaction results.
- ◆ Correspondence.
- ◆ Records or files related to grievances and denials of services.

Additional information for the review was also obtained through interaction, discussions, and interviews with key PIHP staff (e.g., PIHP leadership, consumer services staff, the medical director, etc.).

Table 2-1 lists the PIHP data sources used in the follow-up compliance determinations and the time period to which the data applied.

Table 2-1—Description of PIHP Data Sources	
Data Obtained	Time Period to Which the Data Applied
Desk Review Documentation	10/01/04 to Date of Review
Grievance and Service Denial Files and Records	12/01/05–02/28/06
Information From Interviews Conducted	04/04/06–06/29/06

Data Aggregation, Analysis, and How Conclusions Were Drawn

Findings were scored using a “C” or “R” methodology. A “C” indicated that the corrective action and/or plan was sufficient to attain compliance with the requirement. An “R” indicated that additional follow-up review was recommended. When the PIHP received a rating of “R,” HSAG offered a Recommended Follow-up statement for MDCH to provide monitoring until compliance was achieved. After completing analysis and scoring, HSAG prepared a report of the follow-up review findings and recommended follow-up for each PIHP. This report was forwarded to MDCH and the PIHP. HSAG aggregated information obtained from the initial review performed in 2005 with findings from this follow-up review. The scores in the aggregate data represent the percentage of applicable elements from each of the eight standards that were met by the PIHP over the two-year review period.

To draw conclusions and make overall assessments about the quality and timeliness of, and access to, care provided by the PIHPs using findings from the initial and follow-up reviews (as described in Section 3), the standards and record reviews were categorized to evaluate each of these three domains. HSAG recognizes the interdependence of quality, timeliness, and access, and has assigned each of the standards and record reviews to one or more of the three domains. The BBA, at 42 CFR 438.204(d) and (g) and at 438.320, provides a framework for using findings from EQR activities to evaluate quality, timeliness, and access. Using this framework, Table 2-2 shows HSAG’s assignment of standards to the three domains of performance.

Table 2-2—Assignment of Standards to Performance Domains			
Standards	Quality	Timeliness	Access
I. Quality Assessment and Performance Improvement Plan and Structure	✓		
II. Performance Measurement and Improvement	✓	✓	
III. Practice Guidelines	✓		
IV. Staff Qualifications and Training	✓		
V. Utilization Management		✓	✓
VI. Customer Service	✓		✓
VII. Recipient Grievance Process	✓	✓	
VIII. Recipient Rights and Protections	✓		

Conclusions Drawn from the Data

The results from the compliance monitoring activity are shown in Table 2-3. The range of the PIHPs' scores for each of the standards is followed by the statewide average score.

Table 2-3—Summary of Data from Review of Standards		
Standards	Range of Scores	Statewide Average
I. Quality Assessment and Performance Improvement Plan and Structure	77–100%	98%
II. Performance Measurement and Improvement	88–100%	99%
III. Practice Guidelines	70–100%	97%
IV. Staff Qualifications and Training	83–100%	99%
V. Utilization Management	68–100%	97%
VI. Customer Service	62–100%	98%
VII. Recipient Grievance Process	67–100%	93%
VIII. Recipient Rights and Protections	69–100%	91%

The statewide averages in Table 2-3 attest to the overall high degree of compliance with the standards and record review processes. All of the statewide average results exceeded 90 percent. Six of the eight standard averages were 97 percent or higher. Because the statewide averages are relatively high, the low end of the ranges of scores represent more of an opportunity for improvement than a general lack of compliance. Nonetheless, standards addressing the grievance process and recipient rights and protections presented the PIHPs with a larger number of opportunities for improvement than the other standards. This is evident in the statewide averages, which are presented in more detail in the remaining sections and appendices of this report.

Validation of Performance Measures

Objectives

As set forth in 42 CFR 438.358, validation of performance measures is one of the mandatory EQR activities. The primary objectives of the performance measure validation process are to:

- ◆ Evaluate the accuracy of the performance measure data collected by the PIHP.
- ◆ Determine the extent to which the specific performance measures calculated by the PIHP (or on behalf of the PIHP) followed the specifications established for each performance measure.
- ◆ Identify overall strengths and areas for improvement in the performance measure calculation process.

HSAG validated a set of nine performance indicators that were developed by MDCH and selected for validation. Six of these indicators were collected and reported by each PIHP on a quarterly basis, with the remaining three being calculated by MDCH.

Technical Methods of Data Collection and Analysis

HSAG conducted the performance measure validation process in accordance with CMS guidelines in *Validating Performance Measures, A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 1, 2002*.

The same process was followed for each performance measure validation conducted by HSAG for each PIHP and included the following steps.

- ◆ **Pre-review Activities:** Based on the measure definitions and reporting guidelines, HSAG developed:
 - Measure-specific worksheets that were based on the CMS protocol and were used to improve the efficiency of validation work performed on-site.
 - An Information Systems Capabilities Assessment Tool (ISCAT) that was customized to Michigan's service delivery system and was used to collect the necessary background information on the PIHPs' policies, processes, and the data needed for the on-site performance validation activities. HSAG added questions to address the manner in which encounter data were collected, validated, and submitted to MDCH.
 - Prior to the on-site reviews, each PIHP was asked to complete the ISCAT. In addition to the ISCAT, other requested documents included source code for performance measure calculation, prior performance measure reports, and supporting documentation. Other pre-review activities included scheduling the on-site reviews, preparing the agendas for the on-site visits, and conducting conference calls with the PIHPs to discuss the on-site visit activities and address any ISCAT-related questions.
- ◆ **On-site Review:** HSAG conducted a site visit to each PIHP to validate the processes used to collect performance data and report the performance indicators, and a site visit to MDCH to validate the performance measure calculation process.

The on-site reviews, which lasted one day, included:

- An opening meeting to review the purpose, required documentation, basic meeting logistics, and queries to be performed.
- Assessment of information systems compliance, focusing on the processing of claims and encounters, recipient Medicaid eligibility data, and provider data. Additionally, the review evaluated the processes used by MDCH to collect and calculate the performance measures, including accurate numerator and denominator identifications and algorithmic compliance to determine if rate calculations were performed correctly.
- Review of the ISCAT and supporting documentation, including a review of processes used for collecting, storing, validating, and reporting the performance measure data. This session, which was designed to be interactive with key PIHP and MDCH staff members, allowed HSAG to obtain a complete picture of the degree of compliance with written documentation. Interviews were conducted to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- An overview of data integration and control procedures, including discussion and observation of source code logic and a review of how all data sources were combined. The data file was produced for the reporting of the selected performance measures. Primary source verification was performed to further validate the output files. Backup documentation on data integration was reviewed. Data control and security procedures were also addressed during this session.
- A closing conference to summarize preliminary findings based on the review of the ISCAT and the on-site review, and to revisit the documentation requirements for any post-review activities.

Description of Data Obtained

As identified in the CMS protocol, the following key types of data were obtained and reviewed as part of the validation of performance measures:

- ◆ **Information Systems Capabilities Assessment Tool (ISCAT).** This was received from each PIHP. The completed ISCATs provided HSAG with background information on MDCH's and the PIHPs' policies, processes, and data in preparation for the on-site validation activities.
- ◆ **Source Code (Programming Language) for Performance Measures.** This was obtained from each PIHP (if applicable) and MDCH and was used to determine compliance with the performance measure definitions.
- ◆ **Previous Performance Measure Reports.** These were obtained from each PIHP and reviewed to assess trending patterns and rate reasonability.
- ◆ **Supporting Documentation.** This provided additional information needed by HSAG reviewers to complete the validation process, including performance measure definitions, file layouts, system flow diagrams, system log files, policies and procedures, data collection process descriptions, and file consolidations or extracts.
- ◆ **Current Performance Measure Results.** The calculated results were obtained from MDCH and each of the PIHPs.

- ◆ **On-site Interviews and Demonstrations.** Information was also obtained through interaction, discussion, and formal interviews with key PIHP and MDCH staff members, as well as through system demonstrations.

Table 2-4 displays the data sources used in the validation of performance measures and the time period to which the data applied.

Table 2-4—Description of Data Sources	
Data Obtained	Time Period to Which the Data Applied
ISCAT (From PIHPs)	Fiscal Year (FY) 05-06
Source Code (Programming Language) for Performance Measures (From MDCH)	FY 05-06
Previous Performance Measure Reports (From PIHPs)	1st Quarter of FY 05
Performance Measure Reports (From PIHPs and MDCH)	1st Quarter of FY 06
Supporting Documentation (From PIHPs and MDCH)	FY 05-06
On-site Interviews and Demonstrations (From PIHPs and MDCH)	FY 05-06

Data Aggregation, Analysis, and How Conclusions Were Drawn

Based on all validation activities, HSAG determined results for each performance measure. As set forth in the CMS protocol, a validation finding of *Fully Compliant*, *Substantially Compliant*, *Not Valid*, or *Not Applicable* was given for each performance measure. Each validation finding was based on the magnitude of errors detected for the measure's evaluation elements, not by the number of elements determined to be *Not Met*. Consequently, it was possible that an error for a single element resulted in a designation of *Not Valid* because the impact of the error biased the reported performance measure by more than five percentage points. Conversely, it was also possible that several element errors had little impact on the reported rate and the indicator was given a designation of *Substantially Compliant*.

After completing the validation process, HSAG prepared a report of the performance measure review findings and recommendations for each PIHP reviewed. These reports, which complied with 42 CFR 438.364, were forwarded to MDCH and the appropriate PIHPs.

To draw conclusions and make overall assessments about the quality and timeliness of, and access to, care provided by the PIHPs using the results of the performance measures (as described in Section 3), each measure was categorized to evaluate each of these three domains. HSAG recognizes the interdependence of quality, timeliness, and access, and has assigned each of the performance measures to one or more of the three domains. The BBA, at 42 CFR 438.204(d) and (g) and 438.320, provides a framework for using findings from EQR activities to evaluate quality, timeliness, and access. Using this framework, Table 2-5 shows HSAG's assignment of performance measures to these domains of performance.

Table 2-5—Assignment of Performance Measures to Performance Domains			
Performance Measures	Quality	Timeliness	Access
Indicator 1. Percent of emergency referrals completed within the time standard (children and adults).		✓	✓
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.		✓	✓
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.		✓	✓
Indicator 4a. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults).	✓	✓	✓
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	✓	✓	✓
Indicator 5. Penetration rate.			✓
Indicator 8. Habilitation Supports Waiver (HSW) rate.	✓		
Indicator 12. Percent of discharges readmitted to inpatient care within 30 days of discharge (children and adults).	✓		

Conclusions Drawn from the Data

The results from the validation of performance measures activity are displayed below in Table 2-6. For each performance measure, the table displays the number and percentage of PIHPs that were assigned a validation status of *Fully Compliant*, *Substantially Compliant*, and *Not Valid*.

Table 2-6—Summary of Data from Validation of Performance Measures: Percent and Number of PIHPs Achieving Each Validation Status by Measure			
Performance Measures	Fully Compliant	Substantially Compliant	Not Valid
Indicator 1. Percent of emergency referrals completed within the time standard (children and adults).	78% (N=14)	22% (N=4)	0% (N=0)
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	78% (N=14)	22% (N=4)	0% (N=0)
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	83% (N=15)	11% (N=2)	6% (N=1)
Indicator 4a. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults).	83% (N=15)	11% (N=2)	6% (N=1)
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	78% (N=14)	11% (N=2)	11% (N=2)
Indicator 5. Penetration rate.	94% (N=17)	0% (N=0)	6% (N=1)
Indicator 8. Habilitation Supports Waiver (HSW) rate.	100% (N=18)	0% (N=0)	0% (N=0)
Indicator 12. Percent of discharges readmitted to inpatient care within 30 days of discharge (children and adults).	89% (N=16)	11% (N=2)	0% (N=0)

The results presented in Table 2-6 show a high degree of full compliance in the validation of performance measures. Overall, the various procedures and methodologies employed by the PIHPs resulted in sufficiently valid data to be useful for program and policy analysis with regard to the performance measures delineated in Table 2-6. Please note, measures designated as *Not Valid* were not included in calculations and comparisons in the following sections of this report.

Validation of Performance Improvement Projects

Objectives

As part of its quality assessment and performance improvement program, each PIHP is required by MDCH to conduct PIPs in accordance with 42 CFR 438.240. The purpose of the PIPs is to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time in both clinical care and nonclinical areas. This structured method of assessing and improving PIHP processes is expected to have a favorable affect on health outcomes and consumer satisfaction. Additionally, as one of the mandatory EQR activities under the BBA, the state is required to validate the PIPs conducted by its contracted MCOs and PIHPs. To meet this validation requirement for the PIHPs, MDCH contracted with HSAG.

The primary objective of PIP validation was to determine each PIHP's compliance with requirements set forth in 42 CFR 438.240(b)(1), including:

- ◆ Measurement of performance using objective quality indicators.
- ◆ Implementation of systematic interventions to achieve improvement in quality.
- ◆ Evaluation of the effectiveness of the interventions.
- ◆ Planning and initiation of activities for increasing or sustaining improvement.

For each PIHP, HSAG performed validation activities on one PIP.

Technical Methods of Data Collection and Analysis

The methodology used to validate PIPs was based on CMS guidelines as outlined in the CMS publication, *Validating Performance Improvement Projects, A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 1, 2002* (CMS PIP Protocol). Using this protocol, HSAG, in collaboration with MDCH, developed the PIP Summary Form, which each PIHP completed and submitted to HSAG for review and evaluation. The PIP Summary Form standardized the process for submitting information regarding PIPs and ensured that all CMS protocol requirements were addressed.

HSAG, with MDCH's input and approval, developed a PIP validation tool to ensure uniform validation of PIPs. Using this tool, HSAG reviewed each of the PIPs for the following 10 CMS protocol activities:

- ◆ Activity I. Appropriate Study Topic
- ◆ Activity II. Clearly Defined, Answerable Study Question
- ◆ Activity III. Clearly Defined Study Indicator(s)
- ◆ Activity IV. Correctly Identified Study Population
- ◆ Activity V. Valid Sampling Techniques (if sampling was used)
- ◆ Activity VI. Accurate/Complete Data Collection
- ◆ Activity VII. Appropriate Improvement Strategies
- ◆ Activity VIII. Sufficient Data Analysis and Interpretation
- ◆ Activity IX. Real Improvement Achieved
- ◆ Activity X. Sustained Improvement Achieved

Description of Data Obtained

The data needed to conduct the PIP validation were obtained from the PIHP's PIP Summary Form. This form provided detailed information about each PIHP's PIP as it related to the 10 activities being reviewed and evaluated. Table 2-7 presents the method by which the data were obtained and the time period for which the data applied.

Table 2-7—Description of PIHP Data Sources	
Data Obtained	Time Period to Which the Data Applied
PIP Summary Form (Completed by the PIHP)	FY 05-06

Data Aggregation, Analysis, and How Conclusions Were Drawn

Each required protocol activity consisted of evaluation elements necessary to complete a valid PIP. The evaluation elements within each activity were scored by the HSAG review team as *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. To ensure a valid and reliable review, some of the elements were designated as critical elements by HSAG. All of the critical elements had to be *Met* for the PIP to produce valid and reliable results.

All PIPs were scored as follows:

- ◆ *Met*: All critical elements were *Met* and 80 to 100 percent of all elements were *Met* across all activities.
- ◆ *Partially Met*: All critical elements were *Met* and 60 to 79 percent of all elements were *Met* across all activities, or one or more critical element(s) were *Partially Met* and the percentage score for all elements across all activities was 60 percent or more.
- ◆ *Not Met*: All critical elements were *Met* and less than 60 percent of all elements were *Met* across all activities or one or more critical element(s) were *Not Met*.
- ◆ *Not Applicable*: Elements (including critical elements) were removed from all scoring.

In addition to the validation status (e.g., *Met*), each PIP was given an overall percentage score for all evaluation elements (including critical elements), which was calculated by dividing the total *Met* by the sum of the total *Met*, *Partially Met*, and *Not Met*. A critical element percentage score was then calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results as follows:

- ◆ *Met*: Confidence/high confidence in reported PIP results.
- ◆ *Partially Met*: Low confidence in reported PIP results.
- ◆ *Not Met*: Reported PIP results not credible.

After completing the validation review, HSAG prepared a report of the findings and recommendations for each validated PIP. These reports, which complied with 42 CFR 438.364, were forwarded to MDCH and the appropriate PIHP.

To draw conclusions and make overall assessments about the quality and timeliness of, and access to, care provided by the PIHPs using findings from the validation of PIPs (as described in Section 3), each PIP was categorized to evaluate each of these three domains. HSAG recognizes the interdependence of quality, timeliness, and access, and has assigned each of the PIPs to two of the three domains. The BBA, at 42 CFR 438.204(d) and (g) and 438.320, provides a framework for using findings from EQR activities to evaluate quality, timeliness, and access. Using this framework, Table 2-8 shows HSAG’s assignment of the PIHPs’ PIPs to these domains of performance.

Table 2-8—Assignment of PIPs to Performance Domains			
Topics	Quality	Timeliness	Access
Coordination of Care (Statewide PIP Topic for all 18 PIHPs)	✓		✓

Conclusions Drawn from the Data

The results from the 10 PIP validation activities are shown in Table 2-9. Each of the 18 PIHPs provided one PIP for validation. For each PIP validation activity, the number of PIPs that met all of the evaluation elements and the number that met all critical elements are provided. The total number of PIPs reviewed for each activity is also given because not all PIPs had progressed through all of the activities being validated.

Table 2-9—Summary of Data from Validation of Performance Improvement Projects		
Validation Activity	Number of PIPs Meeting All Evaluation Elements/ Number Reviewed	Number of PIPs Meeting All Critical Elements/ Number Reviewed
I. Appropriate Study Topic	18/18	18/18
II. Clearly Defined, Answerable Study Question	14/18	14/18
III. Clearly Defined Study Indicator(s)	15/18	15/18
IV. Correctly Identified Study Population	17/18	17/18
V. Valid Sampling Techniques	15/18	16/17
VI. Accurate/Complete Data Collection	3/17	11/15
VII. Appropriate Improvement Strategies	10/15	11/15
VIII. Sufficient Data Analysis and Interpretation	4/13	8/13
IX. Real Improvement Achieved	5/9	N/A
X. Sustained Improvement Achieved	1/4	N/A

The results from Table 2-9 suggest that several of the PIHPs are further along in the planning, implementing, monitoring, and documenting of PIP processes than others. Opportunities for improvement are presented throughout the remaining sections and appendices in this report.

3. Assessment of Health Care Quality, Timeliness, and Access, and Recommendations for PIHPs

Introduction

This section of the report addresses, for the domains of quality, timeliness, and access, an assessment of each PIHP's strengths and weaknesses derived from analysis of the results of the associated EQR activities. Recommendations are made for improving the quality and timeliness of, and access to, health care services furnished by each PIHP.

The scores for the measures presented in each table were averaged to yield the overall unweighted scores for quality, timeliness, and access for each PIHP, and are presented with a comparison to the average scores attained for all PIHPs combined. Scores for the individual measures that make up the composites in this chapter are found in Appendices B through S.

Quality

Access Alliance of Michigan

Table 3-1 presents the overall results for Access Alliance of Michigan for measures assessing quality. The table shows that the PIHP's overall quality average score was 2 percentage points lower than the average across all PIHPs. This overall result was due to a weaker score on the PIP topic relative to the PIP scores from the other PIHPs.

Table 3-1—Measures Assessing Quality—Access Alliance of Michigan			
Measures	Access Alliance of Michigan	Average Across PIHPs	Difference
Quality Standards Average	99%	96%	3%
Quality Performance Measures Average	91%	90%	1%
Quality PIP Topic Average	78%	87%	-9%
Overall Quality Average	89%	91%	-2%

Strengths and Weaknesses Across All Activities

The PIHP's strength presented in Table 3-1 can be seen in the first measure. The quality standards average of 99 percent was just one percentage point lower than a perfect score. For the individual measures in the quality standards average, only Recipient Rights and Protections scored lower than 100 percent, at 94 percent (see Appendix B, Table B-1). An opportunity for improvement can be seen in the PIP topic, at 9 percentage points lower than the average across all PIHPs.

Recommendations

The PIHP should investigate ways to strengthen its PIP program. When the PIP topics are scored, points may be lost through submission of incomplete documentation of the project from the PIHP.

CMH Affiliation of Mid-Michigan

Table 3-2 presents the overall results for CMH Affiliation of Mid-Michigan for measures assessing quality. The table shows that the PIHP exceeded the average scores across all PIHPs for each of the domains in the table. Further, the PIHP's overall quality average exceeded the average across all PIHPs by 3 percentage points.

Table 3-2—Measures Assessing Quality—CMH Affiliation of Mid-Michigan			
Measures	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
Quality Standards Average	99%	96%	3%
Quality Performance Measures Average	94%	90%	4%
Quality PIP Topic Average	90%	87%	3%
Overall Quality Average	94%	91%	3%

Strengths and Weaknesses Across All Activities

The PIHP's strengths presented in Table 3-2 can be seen across all three measures. The quality standards average of 99 percent was just one percentage point lower than a perfect score. For the individual measures in the quality standards average, only Recipient Rights and Protections scored lower than 100 percent, at 91 percent (see Appendix C, Table C-1). The quality performance measures average of 94 percent was 4 percentage points higher than the average across all PIHPs due to a moderately strong showing overall for the individual performance measures. The PIHP did receive a *Not Valid* audit designation for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days. This *Not Valid* audit designation was not factored into the PIHPs average. The score for the PIP topic was 3 percentage points higher than the average across all PIHPs. The PIHP scored at or above the average across all PIHPs for every measure in the averages in Table 3-2 (see Appendix C, Tables C-1, C-2, and C-3).

Recommendations

There are no recommendations for the PIHP for measures assessing quality due to the PIHP meeting or exceeding the average scores across all PIHPs for every measure entered into the averages in Table 3-2. However, the PIHP should address the issues related to receiving a *Not Valid* audit designation to be in full compliance with MDCH performance measure specifications.

CMH for Central Michigan

Table 3-3 presents the overall results for CMH for Central Michigan for measures assessing quality. The table shows that the PIHP's average scores were all lower than the average scores across all PIHPs for each of the domains in the table, and the PIHP's overall quality average was 12 percentage points lower than the average across all PIHPs.

Table 3-3—Measures Assessing Quality—CMH for Central Michigan			
Measures	CMH for Central Michigan	Average Across PIHPs	Difference
Quality Standards Average	93%	96%	-3%
Quality Performance Measures Average	82%	90%	-8%
Quality PIP Topic Average	61%	87%	-26%
Overall Quality Average	79%	91%	-12%

Strengths and Weaknesses Across All Activities

The strongest performance measure for the PIHP was percent of persons discharged from a substance abuse/detox unit seen within 7 days, where the PIHP's score of 100 percent was 8 percentage points higher than the average across all PIHPs. Appendix D (Tables D-1, D-2, and D-3) highlights opportunities for improvement in all three of the domains presented in Table 3-3. For standards assessing quality, the PIHP scored 69 percent for Recipient Grievance Process, which was 24 percentage points lower than the average across all PIHPs. For performance measures assessing quality, the PIHP scored just 50 percent for the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days for children, which was 36 percentage points lower than the average across all PIHPs. The 61 percent score for the PIP topic can be seen in Table 3-3, and was 26 percentage points lower than the average across all PIHPs.

Recommendations

The PIHP should address and strengthen its systems regarding improving measures that assess quality. This recommendation spans the relevant standards, performance measures, and the PIP topic.

CMH Partnership of Southeastern Michigan

Table 3-4 presents the overall results for CMH Partnership of Southeastern Michigan for measures assessing quality. The table shows that the PIHP's average scores equaled the average scores across all PIHPs for the quality standards average and for the quality performance measures average. For the quality PIP topic average, the PIHP's score of 100 percent exceeded the average across all PIHPs by 13 percentage points. Additionally, the PIHP's overall quality average was 4 percentage points higher than the average across all PIHPs.

Table 3-4—Measures Assessing Quality—CMH Partnership of Southeastern Michigan			
Measure	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
Quality Standards Average	96%	96%	0%
Quality Performance Measures Average	90%	90%	0%
Quality PIP Topic Average	100%	87%	13%
Overall Quality Average	95%	91%	4%

Strengths and Weaknesses Across All Activities

The score for the PIP topic, at 100 percent, represents a strength for the PIHP. Within the quality standards average, though, there is an opportunity for improvement. The standard for Staff Qualifications and Training scored 16 percentage points lower than the average across all PIHPs. Within the quality performance measures average, there is also an opportunity for improvement; the habilitation supports waiver rate was 11 percentage points lower than the average across all PIHPs.

Recommendations

The PIHP's quality plan should include a description of the practice guidelines and staff training processes. The PIHP should address quality improvement in the area of habilitation supports waivers.

Detroit-Wayne County CMH Agency

Table 3-5 presents the overall results for the PIHP for measures assessing quality. The table shows that the PIHP's average scores were all lower than the average scores across all PIHPs for each of the domains in the table. The PIHP's overall quality average was 9 percentage points lower than the average across all PIHPs.

Table 3-5—Measures Assessing Quality—Detroit-Wayne County CMH Agency			
Measures	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
Quality Standards Average	82%	96%	-14%
Quality Performance Measures Average	86%	90%	-4%
Quality PIP Topic Average	77%	87%	-10%
Overall Quality Average	82%	91%	-9%

Strengths and Weaknesses Across All Activities

The strongest measure for the PIHP was percent of persons discharged from a substance abuse/detox unit seen within 7 days, where the PIHP's score exceeded the average score across all PIHPs by 8 percentage points. No other score for the PIHP for measures assessing quality exceeded the average score across PIHPs by more than 3 percentage points. In fact, only 4 of the 14 scores represented by the averages in Table 3-5 met or exceeded the average scores across all PIHPs (see Appendix F, Tables F-1, F-2, and F-3).

Opportunities for improvement can be found for each of the three overall averages within the domain of measures assessing quality. Within the PIHP's scores for the quality standards average, Customer Service, Recipient Grievance Process, and Quality Assessment and Performance Improvement Plan and Structure trail the averages across all PIHPs by 36 percentage points, 26 percentage points, and 21 percentage points, respectively. These large differences in scores strongly suggest opportunities for improvement for the PIHP. Within the quality performance measures average, the scores for the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults) were lower than the average across all PIHPs by 17 percentage points and by 14 percentage points, respectively. Lastly, the PIHP's PIP topic average score was 10 percentage points lower than the average across all PIHPs, also suggesting an opportunity for improvement.

Recommendations

The PIHP should examine the factors leading to its overall results on quality measures. Appropriate corrections to its QAPI plan and program should be implemented to enhance the provision of quality health care. This recommendation spans the relevant standards, performance measures, and the PIP topic.

Genesee County CMH

Table 3-6 presents the overall results for Genesee County CMH for measures assessing quality. The table shows that the PIHP exceeded the average scores across all PIHPs for two of the three domains in the table. Further, the PIHP's overall quality average exceeded the average across all PIHPs by 2 percentage points.

Table 3-6—Measures Assessing Quality—Genesee County CMH			
Measures	Genesee County CMH	Average Across PIHPs	Difference
Quality Standards Average	100%	96%	4%
Quality Performance Measures Average	88%	90%	-2%
Quality PIP Topic Average	90%	87%	3%
Overall Quality Average	93%	91%	2%

Strengths and Weaknesses Across All Activities

The PIHP's perfect score of 100 percent for its quality standards average suggests an area of strength for the PIHP. For the performance measures combined within the quality performance measures average, however, the measure, percent of discharges readmitted to inpatient care within 30 days of discharge (children), stands out as an opportunity for improvement by scoring 9 percentage points lower than the average across all PIHPs (see Appendix G, Table G-2).

Recommendations

The PIHP should work to improve the measure, percent of discharges readmitted to inpatient care within 30 days of discharge (children). The score for the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), was below the average across PIHPs, as well. It was only 3 percentage points lower than the average across PIHPs, which suggests that the measure might be a low-priority opportunity for improvement.

Lakeshore Behavioral Health Alliance

Table 3-7 presents the overall results for Lakeshore Behavioral Health Alliance for measures assessing quality. The table shows that the PIHP's average scores exceeded the average scores across all PIHPs for the quality standards average and for the PIP topic average. For the quality performance measures average, the PIHP's score of 90 percent equaled the average across all PIHPs. Additionally, the PIHP's overall quality average was 3 percentage points higher than the average across all PIHPs.

Table 3-7—Measures Assessing Quality—Lakeshore Behavioral Health Alliance			
Measures	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
Quality Standards Average	99%	96%	3%
Quality Performance Measures Average	90%	90%	0%
Quality PIP Topic Average	94%	87%	7%
Overall Quality Average	94%	91%	3%

Strengths and Weaknesses Across All Activities

Only one quality standard failed to reach 100 percent, Recipient Rights and Protections. This standard, which scored 92 percent, was still 1 percentage point higher than the average across all PIHPs (see Appendix H, Table H-1). Together, these findings suggest that the quality standards are an area of strength for the PIHP. For the quality performance measures, the PIHP's scores for just two of the six measures were lower than the average scores across all PIHPs. The measures, percent of persons discharged from a substance abuse/detox unit seen within 7 days and percent of discharges readmitted to inpatient care within 30 days of discharge (children), scored 17 percentage points lower and 3 percentage points lower, respectively, than the average scores across all PIHPs (see Appendix H, Table H-2). These two measures should be considered an opportunity for improvement for the PIHP.

Recommendations

The only recommendation for the PIHP with regard to measures assessing quality is to develop strategies to ensure all services are provided within timeliness standards under the contract. All other measures assessing quality were substantively close to, equal to, or somewhat exceeded the relevant average scores across PIHPs.

LifeWays

Table 3-8 presents the overall results for LifeWays for measures assessing quality. The table shows that the PIHP exceeded the average scores across all PIHPs for two of the three domains in the table. Nonetheless, the PIHP's overall quality average was lower than the average across all PIHPs by one percentage point.

Table 3-8—Measures Assessing Quality—LifeWays			
Measures	LifeWays	Average Across PIHPs	Difference
Quality Standards Average	100%	96%	4%
Quality Performance Measures Average	92%	90%	2%
Quality PIP Topic Average	79%	87%	-8%
Overall Quality Average	90%	91%	-1%

Strengths and Weaknesses Across All Activities

The table shows that the standards assessing quality averaged a score of 100 percent. Appendix I, Table I-1, shows that each of the seven selected standards also scored 100 percent. This finding suggests that the standards related to quality are an area of strength for the PIHP. The lowest scoring performance measure related to quality (i.e., percent of persons discharged from a psychiatric inpatient unit seen within 7 days—children) was 7 percentage points lower than the average across all PIHPs. All other performance measures related to quality were either substantively near or exceeded the average scores across all PIHPs, suggesting a relative strength for the PIHP. The PIP topic scored 79 percent and was 8 percentage points lower than the average score across all PIHPs. This suggests an opportunity for improvement for the PIHP in the PIP topic and in supporting its documentation.

Recommendations

Procedures need to be either strengthened or put into place to enhance the PIHP's ability to ensure that children discharged from a psychiatric inpatient unit are seen within seven days of the discharge. The operation and documentation of the PIP topic represent opportunities for improvement. The PIHP should make a concerted effort to ensure that appropriately skilled personnel are responsible for the operation of the PIP and for its documentation.

Macomb County CMH Services

Table 3-9 presents the overall results for Macomb County CMH Services for measures assessing quality. The table shows that the PIHP exceeded the average scores across all PIHPs for two of the three domains in the table. Further, the PIHP's overall quality average exceeded the average across all PIHPs by 2 percentage points.

Table 3-9—Measures Assessing Quality—Macomb County CMH Services			
Measures	Macomb County CMH Services	Average Across PIHPs	Difference
Quality Standards Average	99%	96%	3%
Quality Performance Measures Average	81%	90%	-9%
Quality PIP Topic Average	100%	87%	13%
Overall Quality Average	93%	91%	2%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for five of the seven standards assessing quality (see Appendix J, Table J-1). The other two standards were scored at 95 percent and at 97 percent. Overall, standards assessing quality are an area of strength for the PIHP. For performance measures assessing quality, however, the PIHP has at least two measures representing opportunities for improvement (see Appendix J, Table J-2). First, the PIHP's score for the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults), was 43 percentage points lower than the average score across all PIHPs. Second, the PIHP's score for the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), was 13 percentage points lower than the average across all PIHPs. These results strongly imply an opportunity for improvement for the PIHP in providing services to members within seven days of a discharge from a psychiatric inpatient unit both for children and for adults. For the PIP topic, however, the results suggest an area of strength for the PIHP due to the score of 100 percent.

Recommendations

The PIHP should ensure that members discharged from an inpatient psychiatric facility are seen within seven days of the discharge.

network180

Table 3-10 presents the overall results for network180 for measures assessing quality. The table shows that the PIHP's average scores were lower than the average scores across all PIHPs for two of the three domains in the table. The PIHP's overall quality average was 2 percentage points lower than the average across all PIHPs.

Table 3-10—Measures Assessing Quality—network180			
Measures	network180	Average Across PIHPs	Difference
Quality Standards Average	89%	96%	-7%
Quality Performance Measures Average	88%	90%	-2%
Quality PIP Topic Average	90%	87%	3%
Overall Quality Average	89%	91%	-2%

Strengths and Weaknesses Across All Activities

For the quality standards average, the PIHP scored 7 percentage points lower than the average across all PIHPs. Although this finding alone suggests an opportunity for improvement, the detail tables in Appendix K (specifically Table K-1), show that two of the standards in particular are in need of improvement. For Practice Guidelines, the PIHP scored 70 percent, which was 27 percentage points lower than the average across all PIHPs. For Recipient Rights and Protections, the PIHP scored 69 percent, which was 22 percentage points lower than the average across all PIHPs.

The individual measures in the quality performance measures average also show an opportunity for improvement (see Appendix K, Table K-2). The PIHP scored 21 percentage points lower than the average across all PIHPs for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days. One strength found in the individual performance measures that assess quality was found for the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), where the PIHP scored approximately 10 percentage points higher than the average across all PIHPs.

Recommendations

The PIHP should develop appropriate corrective actions to implement improvements in processes relative to Practice Guidelines and Recipient Rights and Protections. The PIHP should ensure that it meets performance thresholds for follow-up visits for people discharged from a psychiatric inpatient unit seen within seven days (children).

NorthCare

Table 3-11 presents the overall results for NorthCare for measures assessing quality. The table shows that the PIHP's average scores exceeded the average scores across all PIHPs for the three quality domains. Additionally, the PIHP's overall quality average was 6 percentage points higher than the average across all PIHPs due in large part to scoring 100 percent on the PIP topic.

Table 3-11—Measures Assessing Quality—NorthCare			
Measures	NorthCare	Average Across PIHPs	Difference
Quality Standards Average	98%	96%	2%
Quality Performance Measures Average	93%	90%	3%
Quality PIP Topic Average	100%	87%	13%
Overall Quality Average	97%	91%	6%

Strengths and Weaknesses Across All Activities

Within the individual performance measures assessing quality, the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), is seen as a strength for the PIHP with its score of 100 percent, which is 14 percentage points higher than the average across all PIHPs (see Appendix L, Table L-2). The score of 100 percent for the PIP topic demonstrates an area of strength for the PIHP.

One opportunity for improvement was seen for the measure, percent of discharges readmitted to inpatient care within 30 days of discharge (adults). The PIHP's rate was 20.90 percent, about 8 percentage points higher than the average across all PIHPs. This, however, is a reversed indicator, with lower rates indicating better care.

Recommendations

The PIHP should examine its systems and procedures for handling patients discharged from inpatient care. By looking at discharges on a case-by-case basis for information about the most frequent causes of readmissions, the PIHP might be able to appropriately lower its readmission rate.

Northern Affiliation

Table 3-12 presents the overall results for Northern Affiliation for measures assessing quality. The table shows that the PIHP's quality averages were below the averages across all PIHPs for two categories but higher for one category. The PIHP's overall quality average score was one percentage point higher than the average across all PIHPs.

Table 3-12—Measures Assessing Quality—Northern Affiliation			
Measures	Northern Affiliation	Average Across PIHPs	Difference
Quality Standards Average	95%	96%	-1%
Quality Performance Measures Average	94%	90%	4%
Quality PIP Topic Average	86%	87%	-1%
Overall Quality Average	92%	91%	1%

Strengths and Weaknesses Across All Activities

Although the overall score for the quality standards average was only one percentage point lower than the average across all PIHPs, the individual standards in the aggregate measure add more information (see Appendix M, Tables M-1, M-2, and M-3). Specifically, the PIHP's standards for Recipient Rights and Protections and for Practice Guidelines scored 12 percentage points lower and 7 percentage points lower, respectively, than the averages across all PIHPs. The performance measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, scored 17 percentage points lower than the average across all PIHPs. These areas are seen as opportunities for improvement for the PIHP.

Alternatively, the measures for the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults) both scored 14 percentage points higher than the average across all PIHPs. Plus, the measure, percent of discharges readmitted to inpatient care within 30 days of discharge (children), scored 0 percent. These findings suggest areas of strength for the PIHP.

Recommendations

The PIHP should strengthen procedures regarding Recipient Rights and Protections and processes for Practice Guidelines. It should ensure that all services are provided within accessibility standards specified under the contract.

Northwest CMH Affiliation

Table 3-13 presents the overall results for Northwest CMH Affiliation for measures assessing quality. The table shows that the PIHP's overall quality average score was 4 percentage points lower than the average across all PIHPs. This overall result was due to a weaker score on the PIP topic relative to the PIP scores from the other PIHPs.

Table 3-13—Measures Assessing Quality—Northwest CMH Affiliation			
Measures	Northwest CMH Affiliation	Average Across PIHPs	Difference
Quality Standards Average	99%	96%	3%
Quality Performance Measures Average	91%	90%	1%
Quality PIP Topic Average	71%	87%	-16%
Overall Quality Average	87%	91%	-4%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for six of the seven standards assessing quality (see Appendix N, Table N-1). The seventh standard scored 94 percent. Overall, therefore, standards assessing quality are an area of strength for the PIHP.

The most evident opportunity for improvement for the PIHP for measures assessing quality is the PIP topic. Careful planning, implementation, and supporting documentation are all required to achieve a high PIP score. Moreover, the PIHP's rate for the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), was 11 percentage points lower than the average across all PIHPs (see Appendix N, Table N-2). The measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, is seen a strength for the PIHP, scoring 100 percent, 8 percentage points higher than the average across all PIHPs (also Appendix N, Table N-2).

Recommendations

The PIHP should investigate ways to strengthen its PIP program. When the PIP topics are scored, points may be lost through submission of incomplete documentation of the project by the PIHP. The PIHP should take special care when completing the required report for its PIP topic. In addition, the PIHP should ensure that it meets performance thresholds for follow-up visits provided to persons discharged from a psychiatric inpatient unit (children).

Oakland County CMH Authority

Table 3-14 presents the overall results for Oakland County CMH Authority for measures assessing quality. The table shows that the PIHP's average scores exceeded the average scores across all PIHPs for the three quality domains. Additionally, the PIHP's overall quality average was 4 percentage points higher than the average across all PIHPs.

Table 3-14—Measures Assessing Quality—Oakland County CMH Authority			
Measures	Oakland County CMH Authority	Average Across PIHPs	Difference
Quality Standards Average	99%	96%	3%
Quality Performance Measures Average	94%	90%	4%
Quality PIP Topic Average	92%	87%	5%
Overall Quality Average	95%	91%	4%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for six of the seven standards assessing quality (see Appendix O, Table O-1). The seventh standard scored 92 percent. Standards assessing quality are an area of strength for the PIHP.

The PIHP's scores exceeded the average scores across all PIHPs. The detail tables in Appendix O show that the PIHP scored quite well for both measures for the percent of people discharged from a psychiatric inpatient unit seen within 7 days (children and adults). These measures scored 14 percentage points higher and 12 percentage points higher, respectively, than the average scores across all PIHPs (see Appendix O, Table O-2). None of the scores for the measures assessing quality was substantively below the average scores across all PIHPs; therefore, no opportunities for improvement are discussed.

Recommendations

No recommendations are made for the PIHP with regard to measures assessing quality.

Saginaw County CMH Authority

Table 3-15 presents the overall results for Saginaw County CMH Authority for measures assessing quality. The table shows that the PIHP had lower-than-average scores across all PIHPs for one of the three domains in the table, equaled the average across all PIHPs for a second, and exceeded the average for a third. The PIHP's overall quality average equaled the average across all PIHPs.

Table 3-15—Measures Assessing Quality—Saginaw County CMH Authority			
Measures	Saginaw County CMH Authority	Average Across PIHPs	Difference
Quality Standards Average	94%	96%	-2%
Quality Performance Measures Average	90%	90%	0%
Quality PIP Topic Average	90%	87%	3%
Overall Quality Average	91%	91%	0%

Strengths and Weaknesses Across All Activities

Within the quality standards average, the opportunity for improvement exists for Recipient Grievance Process. This standard scored 69 percent, which was 24 percentage points lower than the average across all PIHPs (see Appendix P, Table P-2). Of all of the measures assessing quality, this measure stands out as the most important opportunity for improvement. The PIHP received *Not Valid* audit designations for the performance measures, percent of people discharged from a substance abuse/detox unit seen within 7 days and percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults and children). These *Not Valid* audit designations were not factored into the PIHP's average.

Recommendations

The PIHP should develop and implement appropriate corrective actions to address improvements to its grievance process system. The PIHP should also address the issues related to receiving *Not Valid* audit designations in order to be in full compliance with MDCH performance measure specifications.

Southwest Affiliation

Table 3-16 presents the overall results for Southwest Affiliation for measures assessing quality. The table shows that the PIHP exceeded the average scores across all PIHPs for two of the three domains in the table and scored lower for the third. The PIHP's overall quality average exceeded the average across all PIHPs by 1 percentage point.

Table 3-16—Measures Assessing Quality—Southwest Affiliation			
Measures	Southwest Affiliation	Average Across PIHPs	Difference
Quality Standards Average	98%	96%	2%
Quality Performance Measures Average	84%	90%	-6%
Quality PIP Topic Average	95%	87%	8%
Overall Quality Average	92%	91%	1%

Strengths and Weaknesses Across All Activities

Although some areas of relative strength appear in the tables of individual measures (see Appendix Q), there is an opportunity for improvement found in the measure, percent of discharges readmitted to inpatient care within 30 days of discharge (children). The score for this reversed indicator (where lower scores are indicative of better care) was 52.60 percent. This score was approximately 43 percentage points higher than the average across all PIHPs (see Appendix Q, Table Q-2).

Recommendations

The PIHP should develop and implement strategies to ensure it meets the performance threshold for readmission within 30 days.

Thumb Alliance PIHP

Table 3-17 presents the overall results for Thumb Alliance PIHP for measures assessing quality. The table shows that the PIHP exceeded the average scores across all PIHPs for two of the three domains in the table and scored lower for the third. The PIHP's overall quality average equaled the average across all PIHPs.

Table 3-17—Measures Assessing Quality—Thumb Alliance PIHP			
Measures	Thumb Alliance PIHP	Average Across PIHPs	Difference
Quality Standards Average	100%	96%	4%
Quality Performance Measures Average	95%	90%	5%
Quality PIP Topic Average	78%	87%	-9%
Overall Quality Average	91%	91%	0%

Strengths and Weaknesses Across All Activities

Table 3-17 shows that the quality standards are a strength for the PIHP, scoring 100 percent on each of the seven standards assessing quality (see Appendix R, Table R-1). Furthermore, scores for all of the individual performance measures exceeded each of the average scores across all PIHPs (see Appendix R, Table R-2), implying an overall area of strength for the PIHP. The PIP topic, however, presents an opportunity for improvement for the PIHP, scoring 78 percent, 9 percentage points lower than the average across all PIHPs.

Recommendations

The PIHP should strengthen the planning, implementation, and submission of supporting documentation for the PIP topic.

Venture Behavioral Health

Table 3-18 presents the overall results for Venture Behavioral Health for measures assessing quality. The table shows that the PIHP exceeded the average scores across all PIHPs for two of the three domains in the table and scored lower for the third. The PIHP's overall quality average exceeded the average across all PIHPs by 2 percentage points.

Table 3-18—Measures Assessing Quality—Venture Behavioral Health			
Measures	Venture Behavioral Health	Average Across PIHPs	Difference
Quality Standards Average	100%	96%	4%
Quality Performance Measures Average	89%	90%	-1%
Quality PIP Topic Average	89%	87%	2%
Overall Quality Average	93%	91%	2%

Strengths and Weaknesses Across All Activities

Table 3-18 shows that the quality standards are a strength for the PIHP, scoring 100 percent on each of the seven standards assessing quality (see Appendix S, Table S-1). One performance measure assessing quality stands out as an opportunity for improvement. The score for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, was approximately 19 percentage points lower than the average across all PIHPs for that measure.

Recommendations

The PIHP should ensure it meets performance thresholds for follow-up visits provided to persons discharged from a substance abuse/detox unit seen within seven days.

Timeliness

Access Alliance of Michigan

Table 3-19 presents the overall results for Access Alliance of Michigan for measures assessing timeliness. The table shows that the PIHP scored well overall, exceeding the average across all PIHPs for the standards category and equaling the average for the performance measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 2 percentage points.

Table 3-19—Measures Assessing Timeliness—Access Alliance of Michigan			
Measures	Access Alliance of Michigan	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	92%	92%	0%
Overall Timeliness Average	96%	94%	2%

Strengths and Weaknesses Across All Activities

The perfect score for the timeliness standards average suggests that the area is a strength for the PIHP. This score consisted of 100 percent scores for each of the three measures (i.e., the score was not due to rounding) and exceeded the average across PIHPs by 4 percentage points. An opportunity for improvement was in the measure, percent of persons receiving an initial assessment within 14 calendar days of first request, where the score for the PIHP was 4 percentage points lower than the average across all PIHPs (see Appendix B, Table B-5).

Recommendations

The PIHP should ensure it meets performance thresholds for providing initial assessments.

CMH Affiliation of Mid-Michigan

Table 3-20 presents the overall results for CMH Affiliation of Mid-Michigan for measures assessing timeliness. The table shows that the PIHP scored well overall and exceeded the average across all PIHPs for both categories of measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 5 percentage points.

Table 3-20—Measures Assessing Timeliness—CMH Affiliation of Mid-Michigan			
Measures	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	97%	92%	5%
Overall Timeliness Average	99%	94%	5%

Strengths and Weaknesses Across All Activities

The perfect score for the timeliness standards average suggests that the area is a strength for the PIHP. This score consisted of 100 percent scores for each of its three measures (i.e., the score was not due to rounding) and exceeded the average across PIHPs by 4 percentage points. Further, all of the scores for the individual measures in the timeliness performance measures average were above-average scores across all PIHPs (see Appendix C, Table C-5). The PIHP did receive a *Not Valid* audit designation for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days. This *Not Valid* audit designation was not factored into the PIHPs average.

Recommendations

There are no recommendations for the PIHP for measures assessing timeliness due to the PIHP equaling or exceeding the average scores across all PIHPs for every measure entered into the averages in Table 3-20. However, the PIHP should address the issues related to receiving a *Not Valid* audit designation in order to be in full compliance with MDCH performance measure specifications.

CMH for Central Michigan

Table 3-21 presents the overall results for CMH for Central Michigan for measures assessing timeliness. The table shows that the PIHP scored below the average across all PIHPs for both standards and performance measures by 17 percentage points and by 6 percentage points, respectively. The PIHP's overall timeliness average was lower than the average across all PIHPs by 11 percentage points.

Table 3-21—Measures Assessing Timeliness—CMH for Central Michigan			
Measures	CMH for Central Michigan	Average Across PIHPs	Difference
Timeliness Standards Average	79%	96%	-17%
Timeliness Performance Measures Average	86%	92%	-6%
Overall Timeliness Average	83%	94%	-11%

Strengths and Weaknesses Across All Activities

The results of Table 3-21 suggest that measures assessing timeliness present an overall opportunity for improvement. Of the three standards in the timeliness standards average presented in Table 3-21, the PIHP's score for Utilization Management (see Appendix D, Table D-4) was 29 percentage points lower than the average across all PIHPs, and the score for Recipient Grievance Process was 24 percentage points lower. Only the PIHP's score for Performance Measurement and Improvement was higher than the average across PIHPs, but that was only by one percentage point. For the performance measures assessing timeliness (see Appendix D, Table D-5), the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults), showed scores that were 36 percentage points and 17 percentage points, respectively, lower than the averages across all PIHPs. Only for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, did the PIHP post a score that was as much as 8 percentage points higher than the average across all PIHPs.

Recommendations

The PIHP should address and strengthen its systems and processes that target timeliness to ensure that all services are provided within standards specified under the contract. Appendix D suggests several areas, in addition to those highlighted above, where opportunities for improvement are evidenced by the data.

CMH Partnership of Southeastern Michigan

Table 3-22 presents the overall results for CMH Partnership of Southeastern Michigan for measures assessing timeliness. The table shows that the PIHP scored well overall and exceeded the average across all PIHPs for both categories of measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 4 percentage points.

Table 3-22—Measures Assessing Timeliness—CMH Partnership of Southeastern Michigan			
Measures	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	96%	92%	4%
Overall Timeliness Average	98%	94%	4%

Strengths and Weaknesses Across All Activities

The table shows that the timeliness standards average is an area of strength for the PIHP, evidenced by its 100 percent score. The measures that enter into the timeliness performance measures average (see Appendix E, Table E-5) all scored higher than the averages across all PIHPs, strongly suggesting that this area is also one of strength for the PIHP.

Recommendations

There are no recommendations for the PIHP for measures assessing timeliness due to the PIHP exceeding the average scores across all PIHPs for every measure entered into the averages in Table 3-22.

Detroit-Wayne County CMH Agency

Table 3-23 presents the overall results for Detroit-Wayne County CMH Agency for measures assessing timeliness. The table shows that the PIHP scored well below the averages across all PIHPs for both standards and performance measures, by 14 percentage points and by 11 percentage points, respectively. The PIHP's overall timeliness average was lower than the average across all PIHPs by 12 percentage points.

Table 3-23—Measures Assessing Timeliness—Detroit-Wayne County CMH Agency			
Measures	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
Timeliness Standards Average	82%	96%	-14%
Timeliness Performance Measures Average	81%	92%	-11%
Overall Timeliness Average	82%	94%	-12%

Strengths and Weaknesses Across All Activities

The results of Table 3-23 suggest that measures assessing timeliness present an overall opportunity for improvement. Of the three standards and five valid performance measures that are relevant to assessing timeliness, only the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, met or exceeded the average score across all PIHPs (see Appendix F, Table F-5). Almost all other measures show substantive opportunities for improvement. The PIHP did receive *Not Valid* audit designations for the performance measures, percent of persons receiving an initial assessment within 14 calendar days of first request and percent of persons who started service within 14 calendar days of first request. These *Not Valid* audit designations were not factored into the PIHP's average.

Recommendations

The PIHP should examine and fortify its systems and processes that target timeliness. Appendix F suggests several areas, in addition to those highlighted above, where opportunities for improvement are evidenced by the presented data. The PIHP should address the issues related to receiving *Not Valid* audit designations in order to be in full compliance with MDCH performance measure specifications.

Genesee County CMH

Table 3-24 presents the overall results for Genesee County CMH for measures assessing timeliness. The table shows that the PIHP scored above the average across PIHPs for the first measure, but below the average across PIHPs for the second. Overall, the PIHP exceeded the average across all PIHPs by 2 percentage points.

Table 3-24—Measures Assessing Timeliness—Genesee County CMH			
Measures	Genesee County CMH	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	91%	92%	-1%
Overall Timeliness Average	96%	94%	2%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for all the three standards in the timeliness standards average (see Appendix G, Table G-4), demonstrating this is an area of strength for the PIHP. The PIHP's score, however, for the measure, percent of persons who started service within 14 calendar days of assessment, was 8 percentage points lower than the average across all PIHPs (see Appendix G, Table G-5) and is an opportunity for improvement for the PIHP.

Recommendations

Once patients have had an initial assessment, starting services promptly addresses timeliness and is the area where the largest opportunity for improvement exists within the measures in Table 3-24 (see Appendix G, Tables G-4 and G-5). The PIHP should examine and address the issues that lead to patients waiting longer than 14 calendar days for the start of service after their initial assessment.

Lakeshore Behavioral Health Alliance

Table 3-25 presents the overall results for Lakeshore Behavioral Health Alliance for measures assessing timeliness. The table shows that the PIHP scored well overall and exceeded the average across all PIHPs for both categories of measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 3 percentage points.

Table 3-25—Measures Assessing Timeliness—Lakeshore Behavioral Health Alliance			
Measures	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	93%	92%	1%
Overall Timeliness Average	97%	94%	3%

Strengths and Weaknesses Across All Activities

The three timeliness standards all scored 100 percent (see Appendix H, Table H-4), demonstrating an area of strength for the PIHP. Furthermore, the average score for the PIHP for the timeliness performance measures was one percentage point higher than the average across all PIHPs. Nonetheless, the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, was scored at 75.00 percent, which was 17 percentage points lower than the average across all PIHPs (see Appendix H, Table H-5). This finding suggests that this measure is an opportunity for improvement. No other measure scored lower than the average score across all PIHPs.

Recommendations

The PIHP should ensure it meets performance thresholds for follow-up visits provided to people discharged from a substance abuse/detoxification unit within seven days.

LifeWays

Table 3-26 presents the overall results for LifeWays for measures assessing timeliness. The table shows that the PIHP scored well overall and exceeded the average across all PIHPs for both categories of measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 3 percentage points.

Table 3-26—Measures Assessing Timeliness—LifeWays			
Measures	LifeWays	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	94%	92%	2%
Overall Timeliness Average	97%	94%	3%

Strengths and Weaknesses Across All Activities

The table shows that the PIHP scored 100 percent for the timeliness standards average. This finding is confirmed by the separate scores of 100 percent for each of the three standards in the average value (see Appendix I, Table I-4). For this reason, the standards assessing timeliness are seen as an area of strength for the PIHP. The individual measures in the timeliness performance measures average were all within 8 percentage points of the average scores across all PIHPs (Appendix I, Table I-5). Due to the spread of PIHP scores around the average scores across all PIHPs, the area is not seen as either a strength or an opportunity for improvement.

Recommendations

There are no recommendations for the PIHP for measures assessing timeliness due to the PIHP's overall performance shown in Table 3-26 and delineated in detail in Appendix I (specifically, Tables I-4 and I-5).

Macomb County CMH Services

Table 3-27 presents the overall results for Macomb County CMH Services for measures assessing timeliness. The table shows that the PIHP scored above the average across PIHPs for the first measure, with a 100 percent score, but below the average across PIHPs for the second measure by 5 percentage points. Overall, the PIHP equaled the average across all PIHPs.

Table 3-27—Measures Assessing Timeliness—Macomb County CMH Services			
Measures	Macomb County CMH Services	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	87%	92%	-5%
Overall Timeliness Average	94%	94%	0%

Strengths and Weaknesses Across All Activities

By scoring 100 percent for all three standards assessing timeliness (see Appendix J, Table J-4), the PIHP has shown that timeliness standards are an area of strength. Nonetheless, two opportunities for improvement can be found in the individual timeliness performance measures (see Appendix J, Table J-5). These are the measures for children and adults for the percent of persons discharged from a psychiatric inpatient unit seen within 7 days. The scores were 13 percentage points lower and 43 percentage points lower, respectively, than the average scores across all PIHPs.

Recommendations

The PIHP should develop and implement strategies to ensure enrollee adults and children who are discharged from inpatient psychiatric units are provided follow-up within seven days. The two measures were entirely responsible for the PIHP scoring 5 percentage points lower than the average across all PIHPs for the timeliness performance measures average.

network180

Table 3-28 presents the overall results for network180 for measures assessing timeliness. The table shows that the PIHP scored somewhat below the averages across all PIHPs for both standards and performance measures, by 2 percentage points and 3 percentage points, respectively. The PIHP's overall timeliness average was lower than the average across all PIHPs by 2 percentage points.

Table 3-28—Measures Assessing Timeliness—network180			
Measures	network180	Average Across PIHPs	Difference
Timeliness Standards Average	94%	96%	-2%
Timeliness Performance Measures Average	89%	92%	-3%
Overall Timeliness Average	92%	94%	-2%

Strengths and Weaknesses Across All Activities

Two strengths can be found for the PIHP with regard to measures assessing timeliness. The first strength is one of the timeliness standards, Performance Measurement and Improvement, where the PIHP scored 100 percent (see Appendix K, Table K-4). The second strength is for the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), where the PIHP's score exceeded the average across all PIHPs by 10 percentage points (see Appendix K, Table K-5).

Three opportunities for improvement are also evident. First, the standard for Recipient Grievance Process scored 85 percent, which was 8 percentage points lower than the average across all PIHPs. Second, the performance measure for the percent of persons who started service within 14 calendar days of assessment scored 15 percentage points lower than the average across all PIHPs. Third, the performance measure for the percent of persons discharged from a substance abuse/detox unit seen within 7 days scored 21 percentage points lower than the average across all PIHPs.

Recommendations

The PIHP should develop and implement strategies to ensure it meets timeliness requirements relative to the Recipient Grievance Process. Appropriate interventions should be implemented to remove barriers that prevent initiation of services within 14 calendar days of an assessment. It should ensure it meets performance thresholds for follow-up visits provided to people discharged from a substance abuse/detox unit.

NorthCare

Table 3-29 presents the overall results for NorthCare for measures assessing timeliness. The table shows that the PIHP scored well overall and exceeded the average across all PIHPs for both categories of measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 3 percentage points.

Table 3-29—Measures Assessing Timeliness—NorthCare			
Measures	NorthCare	Average Across PIHPs	Difference
Timeliness Standards Average	98%	96%	2%
Timeliness Performance Measures Average	96%	92%	4%
Overall Timeliness Average	97%	94%	3%

Strengths and Weaknesses Across All Activities

One specific strength for the individual measures used to assess timeliness is the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), where the PIHP scored 14 percentage points higher than the average across all PIHPs (see Appendix L, Table L-5). No opportunities for improvement were found for the PIHP in any of the measures used to assess timeliness. For this reason, the overall topic is seen as an area of strength for the PIHP.

Recommendations

There are no recommendations for the PIHP for measures assessing timeliness due to the PIHP's overall performance shown in Table 3-29 and delineated in detail in Appendix L (specifically, Tables L-4 and L-5).

Northern Affiliation

Table 3-30 presents the overall results for Northern Affiliation for measures assessing timeliness. The table shows that the PIHP scored below the average across PIHPs for the first measure by 2 percentage points, but above the average across PIHPs for the second measure by 3 percentage points. Overall, the PIHP exceeded the average across all PIHPs by 1 percentage point.

Table 3-30—Measures Assessing Timeliness—Northern Affiliation			
Measures	Northern Affiliation	Average Across PIHPs	Difference
Timeliness Standards Average	94%	96%	-2%
Timeliness Performance Measures Average	95%	92%	3%
Overall Timeliness Average	95%	94%	1%

Strengths and Weaknesses Across All Activities

The score for the timeliness standards average was lower than the average across PIHPs due to its score of 88 percent for Utilization Management, which was 9 percentage points lower than the average across all PIHPs for that standard (see Appendix M, Table M-4). Utilization Management is, therefore, seen as an opportunity for improvement for the PIHP. Additionally, the score for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days (see Appendix M, Table M-5), was 75.00 percent. This was 17 percentage points lower than the average across PIHPs and, therefore, is seen as an opportunity for improvement.

For strengths, the standard for Performance Measurement and Improvement scored 100 percent. Additionally, both performance measures for the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults) scored 100 percent, which is 14 percentage points higher than the average across all PIHPs for both measures. These three measures are considered strengths for the PIHP. Notably, another measure also scored 100 percent, i.e., percent of emergency referrals completed within the time standard (children), but the average across all PIHPs was 98 percent, suggesting, to a large extent, that a score of 100 percent is not a relative area of strength.

Recommendations

The PIHP should review its practices and documentation for Utilization Management and develop and implement strategies to increase its rate of compliance. The PIHP should ensure it meets performance thresholds for follow-up visits provided to people discharged from a substance abuse/detoxification unit.

Northwest CMH Affiliation

Table 3-31 presents the overall results for Northwest CMH Affiliation for measures assessing timeliness. The table shows that the PIHP scored higher than the average across PIHPs for the timeliness standards average by 4 percentage points with a score of 100 percent, but lower than the average across PIHPs for the timeliness performance measures average by 1 percentage point. Overall, the PIHP exceeded the average across all PIHPs by 2 percentage points.

Table 3-31—Measures Assessing Timeliness—Northwest CMH Affiliation			
Measures	Northwest CMH Affiliation	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	91%	92%	-1%
Overall Timeliness Average	96%	94%	2%

Strengths and Weaknesses Across All Activities

Scores of 100 percent for the timeliness standards aggregate and 100 percent for the three measures in the aggregate (see Appendix N, Table N-4) indicate that the standards related to timeliness are a strength for the PIHP. The PIHP also scored 100 percent for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, exceeding the average across all PIHPs by 8 percentage points and indicating an area of strength for the PIHP.

An opportunity for improvement can be seen in the results for the measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), where the PIHP scored 75.00 percent. This score was 11 percentage points lower than the average across all PIHPs (see Appendix N, Table N-5).

Recommendations

The PIHP should develop and implement strategies to ensure children who are discharged from inpatient psychiatric units are provided follow-up within seven days.

Oakland County CMH Authority

Table 3-32 presents the overall results for Oakland County CMH Authority for measures assessing timeliness. The table shows that the PIHP scored well overall and exceeded the average across all PIHPs for both categories of measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 5 percentage points.

Table 3-32—Measures Assessing Timeliness— Oakland County CMH Authority			
Measures	Oakland County CMH Authority	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	97%	92%	5%
Overall Timeliness Average	99%	94%	5%

Strengths and Weaknesses Across All Activities

Scoring 100 percent for the three standards assessing timeliness is seen as a strength for the PIHP (see Appendix O, Table O-4). Also, both measures for the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults) scored substantively better than the average across all PIHPs by 14 percentage points and 12 percentage points, respectively, higher than the average scores across all PIHPs (see Appendix O, Table O-5). Furthermore, no opportunities for improvement are discussed for this topic because no measure scored more than 2 percentage points lower than the average score across PIHPs.

Recommendations

No recommendations are made at this time for the PIHP with regard to measures assessing timeliness, other than to continue its exemplary work.

Saginaw County CMH Authority

Table 3-33 presents the overall results for Saginaw County CMH Authority for measures assessing timeliness. The table shows that the PIHP scored below the average across PIHPs on the timeliness standards average by 6 percentage points, but scored equal to the average across PIHPs for the timeliness performance measures average by 3 percentage points. Overall, the PIHP's average score was 3 percentage points lower than the average across all PIHPs.

Table 3-33—Measures Assessing Timeliness—Saginaw County CMH Authority			
Measures	Saginaw County CMH Authority	Average Across PIHPs	Difference
Timeliness Standards Average	90%	96%	-6%
Timeliness Performance Measures Average	92%	92%	0%
Overall Timeliness Average	91%	94%	-3%

Strengths and Weaknesses Across All Activities

The standard for Recipient Grievance Process is an opportunity for improvement (see Appendix P, Table P-4), scoring 24 percentage points lower than the average across all PIHPs. Also, the start-of-treatment performance measures are seen as opportunities for improvement. The measure, percent of persons receiving an initial assessment within 14 calendar days of first request, scored 12 percentage points lower than the average across all PIHPs, and the measure, percent of persons who started service within 14 calendar days of assessment, scored 8 percentage points lower. The PIHP did receive *Not Valid* audit designations for the performance measures, percent of persons discharged from a substance abuse/detox unit seen within 7 days and percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults and children). These *Not Valid* audit designations were not factored into the PIHP's average.

Recommendations

The PIHP should develop and implement appropriate corrective actions to address improvements in meeting mandated timeliness within its grievance system. It should ensure that all services are provided within timeliness standards specified under the contract, and that appropriate interventions are implemented to remove barriers that prevent initiation of services within 14 calendar days of an assessment. The PIHP should also address the issues related to receiving *Not Valid* audit designations in order to be in full compliance with MDCH performance measure specifications.

Southwest Affiliation

Table 3-34 presents the overall results for Southwest Affiliation for measures assessing timeliness. The table shows that the PIHP scored well overall and exceeded the average across all PIHPs for both categories of measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 4 percentage points.

Table 3-34—Measures Assessing Timeliness—Southwest Affiliation			
Measures	Southwest Affiliation	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	95%	92%	3%
Overall Timeliness Average	98%	94%	4%

Strengths and Weaknesses Across All Activities

The areas of strength include the three timeliness standards that each scored 100 percent (see Appendix Q, Table Q-4) and the two performance measures assessing timeliness. These two measures are the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children) and the percent of persons discharged from a substance abuse/detox unit seen within 7 days. The scores for both measures exceeded the average scores across all PIHPs by 8 percentage points (see Appendix Q, Table Q-5). No measure's score was more than 2 percentage points below the average across all PIHPs, suggesting that no opportunities for improvement are warranted for this topic.

Recommendations

No recommendations are made at this time for the PIHP with regard to measures assessing timeliness, other than to continue its exemplary work.

Thumb Alliance PIHP

Table 3-35 presents the overall results for Thumb Alliance PIHP for measures assessing timeliness. The table shows that the PIHP scored well overall and exceeded the average across all PIHPs for both categories of measures. Also, the PIHP exceeded the overall timeliness average across PIHPs by 5 percentage points.

Table 3-35—Measures Assessing Timeliness—Thumb Alliance PIHP			
Measures	Thumb Alliance PIHP	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	97%	92%	5%
Overall Timeliness Average	99%	94%	5%

Strengths and Weaknesses Across All Activities

The areas of strength include the three timeliness standards that each scored 100 percent (see Appendix R, Table R-4) and the one performance measure assessing timeliness. That performance measure is percent of persons discharged from a substance abuse/detox unit seen within 7 days, for which the PIHP scored 100 percent—8 percentage points higher than the average across PIHPs (see Appendix R, Table R-5). No individual measure assessing timeliness scored lower than the average score across PIHPs, so no opportunities for improvement are discussed herein.

Recommendations

No recommendations are made at this time for the PIHP with regard to measures assessing timeliness, other than to continue its exemplary work.

Venture Behavioral Health

Table 3-36 presents the overall results for Venture Behavioral Health for measures assessing timeliness. The table shows that the PIHP scored above the average across PIHPs for the first measure, by 4 percentage points, but lower than the average across PIHPs for the second measure, by 1 percentage point. Overall, the PIHP's average score was 2 percentage points higher than the average across all PIHPs.

Table 3-36—Measures Assessing Timeliness—Venture Behavioral Health			
Measures	Venture Behavioral Health	Average Across PIHPs	Difference
Timeliness Standards Average	100%	96%	4%
Timeliness Performance Measures Average	91%	92%	-1%
Overall Timeliness Average	96%	94%	2%

Strengths and Weaknesses Across All Activities

The areas of strength include the three timeliness standards that each scored 100 percent (see Appendix S, Table S-4) and the one performance measure assessing timeliness. The performance measure was percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults) and scored 95.83 percent, which was approximately 10 percentage points higher than the average across all PIHPs (see Appendix S, Table S-5).

An opportunity for improvement is also highlighted in the individual performance measures assessing timeliness. The score for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, was 73.08 percent and was 19 percentage points lower than the average across all PIHPs.

Recommendations

The PIHP should ensure it meets performance thresholds for follow-up visits provided to people discharged from a substance abuse/detoxification unit.

Access

Access Alliance of Michigan

Table 3-37 presents the overall results for Access Alliance of Michigan for measures assessing access. The table shows that the PIHP's PIP score resulted in lowering its overall access average to 90 percent, which is 2 percentage point lower than the average across all PIHPs.

Table 3-37—Measures Assessing Access—Access Alliance of Michigan			
Measures	Access Alliance of Michigan	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	92%	92%	0%
Access PIP Topic Average	78%	87%	-9%
Overall Access Average	90%	92%	-2%

Strengths and Weaknesses Across All Activities

The PIHP's strength is demonstrated by the perfect score for the access standards average. The PIP topic's score suggests an opportunity for improvement by being 9 percentage points lower than the average across PIHP. The performance measure, percent of persons receiving an initial assessment within 14 calendar days of first request, was 4 percentage points below the average across all PIHPs (see Appendix B, Table B-7).

Recommendations

The PIHP should investigate ways to strengthen its PIP program. Further, it should ensure it meets performance thresholds for providing initial assessments.

CMH Affiliation of Mid-Michigan

Table 3-38 presents the overall results for CMH Affiliation of Mid-Michigan for measures assessing access. The table shows that the PIHP consistently exceeded the average scores across all PIHPs. The PIHP's overall access average was 96 percent, which is 4 percentage points higher than the average across all PIHPs.

Table 3-38—Measures Assessing Access—CMH Affiliation of Mid-Michigan			
Measures	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	97%	92%	5%
Access PIP Topic Average	90%	87%	3%
Overall Access Average	96%	92%	4%

Strengths and Weaknesses Across All Activities

The PIHP's strengths presented in Table 3-38 can be seen across all three measures. The access standards average was 100 percent. The access performance measures average of 97 percent was 5 percentage points higher than the average across all PIHPs. The score for the PIP topic was 3 percentage points higher than the average across all PIHPs. The PIHP scored at or above the average across all PIHPs for every measure in the averages in Table 3-38 (see Appendix C, Tables C-6, C-7, and C-8). The PIHP's overall access average was 4 percentage points higher than the average across all PIHPs.

Recommendations

No recommendations are made at this time for the PIHP with regard to access measures, other than to continue its exemplary work.

CMH for Central Michigan

Table 3-39 presents the overall results for CMH for Central Michigan for measures assessing access. The table shows that the PIHP consistently posted lower average scores than the average scores across all PIHPs. The PIHP's overall access average was 77 percent, which is 15 percentage points lower than the average across all PIHPs.

Table 3-39—Measures Assessing Access—CMH for Central Michigan			
Measures	CMH for Central Michigan	Average Across PIHPs	Difference
Access Standards Average	84%	98%	-14%
Access Performance Measures Average	86%	92%	-6%
Access PIP Topic Average	61%	87%	-26%
Overall Access Average	77%	92%	-15%

Strengths and Weaknesses Across All Activities

Few strengths can be found in the individual measures in the three averages in Table 3-39, but several opportunities for improvement present themselves. For example, the access standards average consists of two standards, Utilization Management and Customer Service. The PIHP's scores for these two measures were 29 percentage points lower and only 2 percentage points higher, respectively, than the averages across all PIHPs (see Appendix D, Table D-6). These scores averaged to 14 percentage points lower than the average across all PIHPs. Utilization Management is thereby seen as an opportunity for improvement. Similarly, the performance measures in the access performance measures average, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults), present opportunities for improvement by having scored 36 percentage points and 17 percentage points lower, respectively, than the average scores across all PIHPs. The PIP topic average scored 26 percentage points lower than the average across all PIHPs and certainly qualifies as an opportunity for improvement.

Recommendations

The results presented in Table 3-39 suggest that the overall topic of access, as assessed through the measures delineated in detail in Appendix D, is an area where the PIHP should re-examine and strengthen its quality improvement processes. To ensure that all services are provided within standards specified under the contract, the PIHP should develop and implement appropriate corrective actions. The individual measures delineated in this section of the report, and amplified by the findings presented in Appendix D, support this recommendation.

CMH Partnership of Southeastern Michigan

Table 3-40 presents the overall results for CMH Partnership of Southeastern Michigan for measures assessing access. The table shows that the PIHP consistently exceeded the average scores across all PIHPs. The PIHP's overall access average was 99 percent, which is 7 percentage points higher than the average across all PIHPs.

Table 3-40—Measures Assessing Access—CMH Partnership of Southeastern Michigan			
Measures	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	96%	92%	4%
Access PIP Topic Average	100%	87%	13%
Overall Access Average	99%	92%	7%

Strengths and Weaknesses Across All Activities

All of the individual measures that formed the three domain averages in Table 3-40 equaled or exceeded the averages across all PIHPs (see Appendix E, Tables E-6, E-7, and E-8). As such, access measures are seen as an overall strength for the PIHP and no opportunities for improvement are suggested for this area.

Recommendations

No recommendations are made at this time for the PIHP with regard to measures assessing access, other than to continue its exemplary work.

Detroit-Wayne County CMH Agency

Table 3-41 presents the overall results for Detroit-Wayne County CMH Agency for measures assessing access. The table shows that the PIHP consistently posted lower average scores than the average scores across all PIHPs. The PIHP's overall access average was 78 percent, which is 14 percentage points lower than the average across all PIHPs.

Table 3-41—Measures Assessing Access—Detroit-Wayne County CMH Agency			
Measures	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
Access Standards Average	77%	98%	-21%
Access Performance Measures Average	81%	92%	-11%
Access PIP Topic Average	77%	87%	-10%
Overall Access Average	78%	92%	-14%

Strengths and Weaknesses Across All Activities

Few strengths can be found in the individual measures in the three averages in Table 3-41, but several opportunities for improvement present themselves. Only the PIHP's score for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, exceeded the average across all PIHPs, and it did so by 8 percentage points. No other measure reached the average score across PIHPs for measures assessing access (see Appendix F, Tables F-6, F-7, and F-8). The two greatest opportunities for improvement can be found in the Customer Service standard and in the performance measure, percent of emergency referrals completed within the time standard—adults), where the scores for the PIHP were lower than the average across all PIHPs by 36 percentage points and 24 percentage points, respectively. The PIHP did receive *Not Valid* audit designations for the performance measures, percent of persons receiving an initial assessment within 14 calendar days of first request and percent of persons who started service within 14 calendar days of first request. These *Not Valid* audit designations were not factored into the PIHP's average.

Recommendations

The results presented in Table 3-41 suggest that the overall topic of access, as detailed in Appendix F, is an area where the PIHP should re-examine and strengthen its quality improvement efforts. The individual measures delineated in this section of the report, and amplified by the findings presented in Appendix F, support this recommendation. The PIHP should address the issues related to receiving *Not Valid* audit designations in order to be in full compliance with MDCH performance measure specifications.

Genesee County CMH

Table 3-42 presents the overall results for Genesee County CMH for measures assessing access. The table shows that the PIHP's average scores for measures assessing access were higher than the averages across all PIHPs for two of the three categories and higher for the access measures overall by 2 percentage points.

Table 3-42—Measures Assessing Access—Genesee County CMH			
Measures	Genesee County CMH	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	91%	92%	-1%
Access PIP Topic Average	90%	87%	3%
Overall Access Average	94%	92%	2%

Strengths and Weaknesses Across All Activities

The PIHP's strengths presented in Table 3-42 can be seen for the access standards average, at 100 percent, and the access PIP topic average at 90 percent, which was 3 percentage points higher than the average across all PIHPs. An opportunity for improvement can be seen for the measure, percent of persons who started service within 14 calendar days of assessment, where the PIHP scored 8 percentage points lower than the average score across all PIHPs (see Appendix G, Table G-7).

Recommendations

The only recommendation for the PIHP is to strengthen the systems and procedures required to more quickly move a person from an initial assessment to the start of treatment.

Lakeshore Behavioral Health Alliance

Table 3-43 presents the overall results for Lakeshore Behavioral Health Alliance for measures assessing access. The table shows that the PIHP consistently exceeded the average scores across all PIHPs. The PIHP's overall access average was 96 percent, which was 4 percentage points higher than the average across all PIHPs.

Table 3-43—Measures Assessing Access—Lakeshore Behavioral Health Alliance			
Measures	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	93%	92%	1%
Access PIP Topic Average	94%	87%	7%
Overall Access Average	96%	92%	4%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for both standards assessing access (see Appendix H, Table H-6). The measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, is seen as an opportunity for improvement, having scored 17 percentage points lower than the average across all PIHPs. The score of 94 percent on the PIP topic shows that the area is a strength for the PIHP.

Recommendations

The only recommendation for the PIHP is to ensure it meets performance thresholds for follow-up visits provided to people discharged from a substance abuse/detoxification unit within seven days. All other measures assessing access exceeded the relevant average scores across PIHPs (see Appendix H, Tables H-6, H-7, and H-8).

LifeWays

Table 3-44 presents the overall results for LifeWays for measures assessing access. The table shows that the PIHP's average for access standards was 100 percent, but it also shows that the relatively low PIP score resulted in a lowering of the overall access average to 91 percent, which is one percentage point lower than the average across all PIHPs.

Table 3-44—Measures Assessing Access—LifeWays			
Measures	LifeWays	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	94%	92%	2%
Access PIP Topic Average	79%	87%	-8%
Overall Access Average	91%	92%	-1%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for both standards assessing access (see Appendix I, Table I-6), suggesting an area of strength for the PIHP. The individual measures in the access performance measures average were all within 8 percentage points of the average scores across all PIHPs (Appendix I, Table I-7). Due to the spread of PIHP scores around the average scores across all PIHPs, and the PIHP not scoring more than 7 percentage points lower than any average across PIHPs, the area is not seen as either a strength or an opportunity for improvement. The PIP topic scored 79 percent and is seen as an opportunity for improvement because the score was 8 percentage points lower than the average across all PIHPs.

Recommendations

The PIHP should invest more strategic planning into the implementation and documentation of the PIP topic. The PIHP should develop and implement strategies to ensure children who are discharged from inpatient psychiatric units are provided follow-up within seven days.

Macomb County CMH Services

Table 3-45 presents the overall results for Macomb County CMH Services for measures assessing access. The table shows that the PIHP's average scores for measures assessing access were higher than the averages across all PIHPs for two of the three categories and higher by 4 percentage points for access measures overall.

Table 3-45—Measures Assessing Access—Macomb County CMH Services			
Measures	Macomb County CMH Services	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	87%	92%	-5%
Access PIP Topic Average	100%	87%	13%
Overall Access Average	96%	92%	4%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for both standards assessing access (see Appendix J, Table J-6), suggesting an area of strength for the PIHP. The two performance measures that were entirely responsible for the access performance measures average being 5 percentage points lower for the PIHP than for the average across all PIHPs were for the measures for children and adults being seen within seven days of a discharge from an inpatient psychiatric unit. The measures were 13 percentage points and 43 percentage points lower, respectively, than the average across all PIHPs (see Appendix J, Table J-7). By scoring 100 percent for the PIP topic, the PIHP has shown that this is an area of strength.

Recommendations

The PIHP should develop and implement strategies to ensure that adults and children who are discharged from inpatient psychiatric units are provided follow-up within seven days.

network180

Table 3-46 presents the overall results for network180 for measures assessing access. The table shows that the PIHP's average scores for measures assessing access were higher than the averages across all PIHPs for one of the three categories, equal to the average for one category, and lower than the average for the third. The PIHP's overall access average equaled the score for the average across all PIHPs.

Table 3-46—Measures Assessing Access—network180			
Measures	network180	Average Across PIHPs	Difference
Access Standards Average	98%	98%	0%
Access Performance Measures Average	89%	92%	-3%
Access PIP Topic Average	90%	87%	3%
Overall Access Average	92%	92%	0%

Strengths and Weaknesses Across All Activities

A strength for the PIHP is found in the performance measure assessing access, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children). The PIHP's score exceeded the average across all PIHPs by 10 percentage points (see Appendix K, Table K-7).

Two opportunities for improvement in the performance measures are evident in Appendix K (Table K-7). The performance measure, percent of persons who started service within 14 calendar days of assessment, scored 15 percentage points lower than the average across all PIHPs, and the performance measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days, scored 21 percentage points lower than the average across all PIHPs.

Recommendations

Appropriate interventions should be implemented to remove barriers that prevent initiation of services within 14 calendar days of an assessment. The PIHP should ensure it meets performance thresholds for follow-up visits provided to people discharged from a substance abuse/detox unit.

NorthCare

Table 3-47 presents the overall results for NorthCare for measures assessing access. The table shows that the PIHP consistently exceeded the average scores across all PIHPs. The PIHP's overall access average was 99 percent, which was 7 percentage points higher than the average across all PIHPs.

Table 3-47—Measures Assessing Access—NorthCare			
Measures	NorthCare	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	96%	92%	4%
Access PIP Topic Average	100%	87%	13%
Overall Access Average	99%	92%	7%

Strengths and Weaknesses Across All Activities

As evidence of the measures uniformly showing access as an area of strength for the PIHP, two of the three averages (access standards and the PIP topic) scored 100 percent (including both individual access standards shown in Appendix L, Table L-6). The only performance measure that did not at least score at the average across all PIHPs was percent of persons receiving an initial assessment within 14 calendar days of first request, and this measure scored just 1 percentage point lower than the average across all PIHPs.

Recommendations

No recommendations are made at this time for the PIHP with regard to measures assessing access, other than to continue its exemplary work.

Northern Affiliation

Table 3-48 presents the overall results for Northern Affiliation for measures assessing access. The table shows that the PIHP's average scores for measures assessing access were lower than the averages across all PIHPs for two of the three categories and higher for one category. The PIHP's overall access average equaled the average across all PIHPs.

Table 3-48—Measures Assessing Access—Northern Affiliation			
Measures	Northern Affiliation	Average Across PIHPs	Difference
Access Standards Average	94%	98%	-4%
Access Performance Measures Average	95%	92%	3%
Access PIP Topic Average	86%	87%	-1%
Overall Access Average	92%	92%	0%

Strengths and Weaknesses Across All Activities

Two measures appear as opportunities for improvement for measures assessing access, Utilization Management and the percent of persons discharged from a substance abuse/detox unit seen within 7 days (see Appendix M, Tables M-6 and M-7), scoring 88 percent and 75 percent, respectively. These scores were 9 percentage points lower and 17 percentage points lower, respectively, than the average scores across all PIHPs. Nonetheless, the PIHP demonstrated strength on both measures for the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults), scoring 100 percent on both measures, 14 percentage points higher than the average across all PIHPs for both measures.

Recommendations

The PIHP should review its practices and documentation for Utilization Management and develop and implement strategies to increase its rate of compliance. The PIHP should ensure it meets performance thresholds for follow-up visits provided to people discharged from a substance abuse/detoxification unit.

Northwest CMH Affiliation

Table 3-49 presents the overall results for Northwest CMH Affiliation for measures assessing access. The table shows that the PIHP's average scores for measures assessing access were lower than the averages across all PIHPs for two of the three categories and higher for one category. The PIHP's overall access average was lower than the average across all PIHPs by 5 percentage points. Notably, this lower overall score was primarily due to the low score for the PIP topic, which was 16 percentage points lower (at 71 percent) than the average across all PIHPs.

Table 3-49—Measures Assessing Access—Northwest CMH Affiliation			
Measures	Northwest CMH Affiliation	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	91%	92%	-1%
Access PIP Topic Average	71%	87%	-16%
Overall Access Average	87%	92%	-5%

Strengths and Weaknesses Across All Activities

One apparent strength for the PIHP is seen in the two standards that assess access, both scoring 100 percent (see Appendix N, Table N-6). Another strength was the PIHP's performance measure score, also 100 percent, for the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days.

The measure, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), is seen as an opportunity for improvement because its score of 75 percent was 11 percentage points lower than the average across PIHPs (see Appendix N, Table N-7). The PIP score, at 16 percentage points lower than the average across all PIHPs, strongly suggests another opportunity for improvement.

Recommendations

The PIHP should develop and implement strategies to ensure that children who are discharged from inpatient psychiatric units are provided follow-up within seven days. The PIHP should invest more planning into the implementation and documentation of the PIP topic.

Oakland County CMH Authority

Table 3-50 presents the overall results for Oakland County CMH Authority for measures assessing access. The table shows that the PIHP consistently exceeded the average scores across all PIHPs. The PIHP's overall access average was 96 percent, which was 4 percentage points higher than the average across all PIHPs.

Table 3-50—Measures Assessing Access—Oakland County CMH Authority			
Measures	Oakland County CMH Authority	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	97%	92%	5%
Access PIP Topic Average	92%	87%	5%
Overall Access Average	96%	92%	4%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for both standards assessing access (see Appendix O, Table O-6). These measures are for the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults) (see Appendix O, Table O-7). No individual measure scored substantively lower than the average across all PIHPs, so no opportunities for improvement are discussed for this topic.

Recommendations

No recommendations are made at this time for the PIHP with regard to measures assessing access, other than to continue its exemplary work.

Saginaw County CMH Authority

Table 3-51 presents the overall results for Saginaw County CMH Authority for measures assessing access. The table shows that the PIHP met or exceeded the average scores across all PIHPs. The PIHP's overall access average was 94 percent, which was 2 percentage points higher than the average across all PIHPs.

Table 3-51—Measures Assessing Access—Saginaw County CMH Authority			
Measures	Saginaw County CMH Authority	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	92%	92%	0%
Access PIP Topic Average	90%	87%	3%
Overall Access Average	94%	92%	2%

Strengths and Weaknesses Across All Activities

The PIHP scored 100 percent for the standards assessing access (see Appendix P, Table P-6). As seen before in the timeliness section for the PIHP, start-of-service performance measures (i.e., percent of persons receiving an initial assessment within 14 calendar days of first request and percent of persons who started service within 14 calendar days of assessment) are opportunities for improvement (see Appendix P, Table P-7). The PIHP did receive *Not Valid* audit designations for the performance measures, percent of persons discharged from a substance abuse/detox unit seen within 7 days and percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults and children). These *Not Valid* audit designations were not factored into the PIHP's average.

Recommendations

The PIHP should ensure that all services are provided within standards specified under the contract. Appropriate interventions should be implemented to remove barriers that prevent initiation of services within 14 calendar days of an assessment. The PIHP should also address the issues related to receiving *Not Valid* audit designations in order to be in full compliance with MDCH performance measure specifications.

Southwest Affiliation

Table 3-52 presents the overall results for Southwest Affiliation for measures assessing access. The table shows that the PIHP consistently exceeded the average scores across all PIHPs. The PIHP's overall access average was 97 percent, which was 5 percentage points higher than the average across all PIHPs.

Table 3-52—Measures Assessing Access—Southwest Affiliation			
Measures	Southwest Affiliation	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	95%	92%	3%
Access PIP Topic Average	95%	87%	8%
Overall Access Average	97%	92%	5%

Strengths and Weaknesses Across All Activities

The access performance measures recognized as strengths are the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children) and the percent of persons discharged from a substance abuse/detox unit seen within 7 days, scoring 93.80 percent and 100 percent, respectively (see Appendix Q, Table Q-7). The PIHP scored 8 percentage points higher than the average across all PIHPs for both measures. Overall, no opportunities for improvement are suggested because no measure was more than 2 percentage points lower than the average scores across all PIHPs.

Recommendations

No recommendations are made at this time for the PIHP with regard to measures assessing access, other than to continue its exemplary work.

Thumb Alliance PIHP

Table 3-53 presents the overall results for Thumb Alliance PIHP for measures assessing access. The table shows that the PIHP's average scores for measures assessing access were higher than the averages across all PIHPs for two of the three categories, but lower than the average across all PIHPs for one category. The overall access average for the PIHP equaled the average score across all PIHPs.

Table 3-53—Measures Assessing Access—Thumb Alliance PIHP			
Measures	Thumb Alliance PIHP	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	97%	92%	5%
Access PIP Topic Average	78%	87%	-9%
Overall Access Average	92%	92%	0%

Strengths and Weaknesses Across All Activities

The PIHP's performance measures assessing access were a strength, exceeding the average score across all PIHPs by 5 percentage points. The PIHP did not post a single performance measure score that was less than the average across PIHPs (see Appendix R, Table R-7). Nonetheless, the PIP topic appears to be an opportunity for improvement by scoring 9 percentage points lower than the average across all PIHPs.

Recommendations

The recommendation is made that the PIHP re-examine its processes and documentation for operationalizing and then for reporting its PIP topic.

Venture Behavioral Health

Table 3-54 presents the overall results for Venture Behavioral Health for measures assessing access. The table shows that the PIHP's average scores for measures assessing access were higher than the averages across all PIHPs for two of the three categories, but lower than the average across all PIHPs for one category. The overall access average for the PIHP was 1 percentage point higher than the average score across all PIHPs.

Table 3-54—Measures Assessing Access—Venture Behavioral Health			
Measures	Venture Behavioral Health	Average Across PIHPs	Difference
Access Standards Average	100%	98%	2%
Access Performance Measures Average	91%	92%	-1%
Access PIP Topic Average	89%	87%	2%
Overall Access Average	93%	92%	1%

Strengths and Weaknesses Across All Activities

One performance measure assessing access is a recognized strength for the PIHP. This measure is the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults), which scored 95.83 and was 10 percentage points higher than the average across all PIHPs (see Appendix S, Table S-7). The greatest opportunity for improvement could be found in the measure, percent of persons discharged from a substance abuse/detox unit seen within 7 days (also in Appendix S, Table S-7). The score for this measure was 73.08 percent and was 19 percentage points lower than the average across PIHPs.

Recommendations

The PIHP should ensure it meets performance thresholds for follow-up visits provided to people discharged from a substance abuse/detoxification unit.

Introduction

This section of the report provides two types of comparisons of the PIHPs' results. The first method presents measures within compliance standards, performance measures, and PIPs as they are related to the quality and timeliness of, and access to, care. The second comparison presents measures by compliance standards, performance measures, and PIPs, as previous reports have done. This method presents two-year comparisons, where appropriate.

Quality, Timeliness, and Access to Care

Quality

Table 4-1 presents the overall results across all PIHPs for measures assessing quality. The PIHPs ranged in their overall quality average from 79 percent for CMH for Central Michigan to 97 percent for NorthCare. The Statewide average was 91 percent.

Five PIHPs showed average scores that were less than 90 percent. These PIHPs were Access Alliance of Michigan at 89 percent, CMH for Central Michigan at 79 percent, Detroit-Wayne County CMH Agency at 82 percent, network180 at 89 percent, and Northwest CMH Affiliation at 87 percent. A brief examination of the measures that were influential in the PIHPs not reaching 90 percent might be helpful in understanding the roles of some of the opportunities for improvement from the previous chapter and in the PIHP-specific appendices.

For Access Alliance of Michigan, the three component scores for the overall quality average were 99 percent for standards, 91 percent for performance measures, and 78 percent for the PIP topic (see Table 3-1). The score for the PIP topic, therefore, was the influential factor in the PIHP not reaching an average of 90 percent overall for quality topics. This PIP topic score suggests that Access Alliance of Michigan should examine its planning, implementation, data analysis, and/or documentation for its PIPs.

For CMH for Central Michigan, the three component scores for the overall quality average were 93 percent for standards, 82 percent for performance measures, and 61 percent for its PIP topic (see Table 3-3). An examination of the component scores that did not reach at least 90 percent showed that percent of persons discharged from a psychiatric inpatient unit seen within 7 days for both children and adults greatly lowered the quality performance measures score. The PIHP's scores for these measures were 50.00 percent for children and 69.05 percent for adults (see Appendix D, Table D-2). Whether patients were seen without proper documentation or simply were not seen within seven days is not known from the current data. The PIP topic, scored at 61 percent, indicates that the PIHP should examine its planning, implementation, data analysis, and/or documentation.

For Detroit-Wayne County CMH Agency, all three component scores for the overall quality average were less than 90 percent. The scores were 82 percent for standards, 86 percent for performance measures, and 77 percent for its PIP topic (see Table 3-5). The individual measures in the three components show several opportunities for improvement for the PIHP's quality measures. Their delineation is in Appendix F. For Detroit-Wayne County CMH Agency, the data clearly suggest that the measures assessing quality represent opportunities for improvement.

For network180, the three component scores for the overall quality average were 89 percent for standards, 88 percent for performance measures, and 90 percent for its PIP topic (see Table 3-10). Two quality standards and one quality performance measure accounted for network180 not averaging at least 90 percent for its overall quality average. Within the quality standards, Practice Guidelines scored 70 percent and Recipient Rights and Protections scored 69 percent (see Appendix K, Table K-1). Within the quality performance measures, percent of persons discharged from a substance abuse/detox unit seen within 7 days scored 71.43 percent (see Appendix K, Table K-2). As highlighted in the previous chapter and in Appendix K, these areas represent the greatest opportunities for improvement for the PIHP. A few other measures were also below 90 percent, but they were not nearly so far below 90 percent and were not as influential in the PIHP not scoring at least 90 percent for its overall quality average score.

For Northwest CMH Affiliation, the three component scores for the overall quality average were 99 percent for standards, 91 percent for performance measures, and 71 percent for its PIP topic (see Table 3-13). Clearly, the reason for the PIHP's overall quality average score being below 90 percent was the 71 percent scored for the PIP topic. Not only does the PIP topic require careful and deliberate planning and operationalization, it also requires careful documentation in a predefined manner. Whether the actual PIP or its documentation was the cause of the relatively low score is not known from the current data. Nonetheless, the area is certainly an opportunity for improvement for the PIHP.

One finding that comes as a result of this discussion and investigation is that four of the five lowest-scoring PIHPs for overall quality had low scores for their PIPs. This finding suggests that at least some of the PIHPs could use additional technical assistance in planning, operationalizing, and/or documenting their PIPs.

Lastly, NorthCare's overall quality average score of 97 percent is to be commended as the highest score of the 18 PIHPs. Overall quality, as assessed by the selected measures, is an area of strength for the PIHP.

Table 4-1—Overall Quality Average

PIHP	PIHP Average	Statewide Average	Difference
Access Alliance of Michigan	89%	91%	-2%
CMH Affiliation of Mid-Michigan	94%	91%	3%
CMH for Central Michigan	79%	91%	-12%
CMH Partnership of Southeastern Michigan	95%	91%	4%
Detroit-Wayne County CMH Agency	82%	91%	-9%
Genesee County CMH	93%	91%	2%
Lakeshore Behavioral Health Alliance	94%	91%	3%
LifeWays	90%	91%	-1%
Macomb County CMH Services	93%	91%	2%
network180	89%	91%	-2%
NorthCare	97%	91%	6%
Northern Affiliation	92%	91%	1%
Northwest CMH Affiliation	87%	91%	-4%
Oakland County CMH Authority	95%	91%	4%
Saginaw County CMH Authority	91%	91%	0%
Southwest Affiliation	92%	91%	1%
Thumb Alliance PIHP	91%	91%	0%
Venture Behavioral Health	93%	91%	2%

Timeliness

Table 4-2 presents the overall results across all PIHPs for measures assessing timeliness. The PIHPs ranged in their overall quality average from 82 percent for Detroit-Wayne County CMH Agency to 99 percent for CMH Affiliation of Mid-Michigan, Oakland County CMH Authority, and Thumb Alliance PIHP. The statewide average was 94 percent, with 13 PIHPs scoring more than 95 percent. For the PIHPs scoring 99 percent for their overall timeliness average, timeliness is recognized as an area of strength. For the two PIHPs scoring less than 90 percent (i.e., CMH for Central Michigan at 83 percent and Detroit-Wayne County CMH Agency at 82 percent), a discussion of the individual measures that were influential in the relatively low average scores might be helpful in understanding the opportunities for improvement in the previous chapter and in the PIHP-specific appendices.

For CMH for Central Michigan, the two component scores for the overall timeliness average were 79 percent for standards and 86 percent for performance measures (see Table 3-21). Together, two timeliness standards and two timeliness performance measures were almost totally responsible for the overall low score for the PIHP. For the timeliness standards, Utilization Management scored 68 percent and the Recipient Grievance Process scored 69 percent (see Appendix D, Table D-4). For the timeliness performance measures, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children) scored 50.00 percent, and percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults) scored 69.05 percent (see Appendix D, Table D-5). The opportunities for improvement in the previous chapter for the PIHP and in Appendix D include these measures.

For Detroit-Wayne County CMH Agency, the two component scores for the overall timeliness average were 82 percent for standards and 81 percent for performance measures (see Table 3-23). For the overall timeliness standard average, two of the three individual standards scored less than 90 percent. These timeliness standards were Performance Measurement and Improvement at 88 percent and, especially, the Recipient Grievance Process at 67 percent (see Appendix F, Table F-4), which are important opportunities for improvement for the PIHP. For the overall timeliness performance measures average, three of the five valid measures were scored at less than 90 percent. These three timeliness performance measures were percent of emergency referrals completed within the time standard (adults) at 71.78 percent, percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children) at 68.67 percent, and percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults) at 72.24 percent (see Appendix F, Table F-5). The timeliness performance measures demonstrate that inpatient issues present overarching opportunities for improvement for the PIHP.

Table 4-2—Overall Timeliness Average

PIHP	PIHP Average	Statewide Average	Difference
Access Alliance of Michigan	96%	94%	2%
CMH Affiliation of Mid-Michigan	99%	94%	5%
CMH for Central Michigan	83%	94%	-11%
CMH Partnership of Southeastern Michigan	98%	94%	4%
Detroit-Wayne County CMH Agency	82%	94%	-12%
Genesee County CMH	96%	94%	2%
Lakeshore Behavioral Health Alliance	97%	94%	3%
LifeWays	97%	94%	3%
Macomb County CMH Services	94%	94%	0%
network180	92%	94%	-2%
NorthCare	97%	94%	3%
Northern Affiliation	95%	94%	1%
Northwest CMH Affiliation	96%	94%	2%
Oakland County CMH Authority	99%	94%	5%
Saginaw County CMH Authority	91%	94%	-3%
Southwest Affiliation	98%	94%	4%
Thumb Alliance PIHP	99%	94%	5%
Venture Behavioral Health	96%	94%	2%

Access

Table 4-3 presents the overall results across all PIHPs for measures assessing access. The PIHPs ranged in their overall access average from 77 percent for CMH for Central Michigan to 99 percent for CMH Partnership of Southeastern Michigan and NorthCare. The statewide average was 92 percent. For the PIHPs scoring 99 percent for their overall access average, access is recognized as an area of strength. For the three PIHPs scoring less than 90 percent (i.e., CMH for Central Michigan at 77 percent, Detroit-Wayne County CMH Agency at 78 percent, and Northwest CMH Affiliation at 87 percent), a discussion of the individual measures that were influential in the relatively low average scores might be helpful in understanding the opportunities for improvement in the previous chapter and in the PIHP-specific appendices.

For CMH for Central Michigan, the three component scores for the overall access average were 84 percent for access standards, 86 percent for access performance measures, and 61 percent for the PIP topic assessing access (see Table 3-39). An examination of the scores for the individual access standards showed that Utilization Management, at 68 percent, was responsible for the low access standards average score (see Appendix D, Table D-6). For the access performance measures, the two scores for percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults) at 50.00 percent and 69.05 percent, respectively, were the only scores below 90 percent* (see Appendix D, Table D-7). The PIP score of 61 percent clearly suggests an opportunity for improvement for the PIHP.

For Detroit-Wayne County CMH Agency, the three component scores for the overall access average were 77 percent for access standards, 81 percent for access performance measures, and 77 percent for the PIP topic assessing access (see Table 3-41). An examination of the scores for the individual access standards showed that only Customer Service scored less than 90 percent, at 62 percent (see Appendix F, Table F-6). Long recognized as an important factor in customer satisfaction with health care, the Customer Service access standard represents an important opportunity for improvement for the PIHP. For the access performance measures, three measures were responsible for the overall score being less than 90 percent. These measures and their scores were the percent of emergency referrals completed within the time standard (adults) at 71.78 percent and the percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults) at 68.67 percent and 72.24 percent, respectively (see Appendix F, Table F-7). These scores suggest that the appropriate interfaces with emergency and inpatient care (and discharge) are important opportunities for improvement for the PIHP. The 77 percent score for the PIP also speaks to the need to improve the planning, implementation of interventions, data analysis processes, and/or documentation for the projects.

For Northwest CMH Affiliation, the three component scores for the overall access average were 100 percent for access standards, 91 percent for access performance measures, and 71 percent for the PIP topic assessing access (see Table 3-49). The obvious explanation for Northwest CMH Affiliation scoring less than 90 percent for its overall access average score was its PIP score. Northwest CMH Affiliation has an opportunity for improvement with regards to planning, implementation of interventions, data analysis processes, and/or PIP documentation.

* Although the penetration rate was less than 90 percent, without an optimal rate as a frame of reference, conversions to a comparable scale cannot be made.

Table 4-3—Overall Access Average

PIHP	PIHP Average	Statewide Average	Difference
Access Alliance of Michigan	90%	92%	-2%
CMH Affiliation of Mid-Michigan	96%	92%	4%
CMH for Central Michigan	77%	92%	-15%
CMH Partnership of Southeastern Michigan	99%	92%	7%
Detroit-Wayne County CMH Agency	78%	92%	-14%
Genesee County CMH	94%	92%	2%
Lakeshore Behavioral Health Alliance	96%	92%	4%
LifeWays	91%	92%	-1%
Macomb County CMH Services	96%	92%	4%
network180	92%	92%	0%
NorthCare	99%	92%	7%
Northern Affiliation	92%	92%	0%
Northwest CMH Affiliation	87%	92%	-5%
Oakland County CMH Authority	96%	92%	4%
Saginaw County CMH Authority	94%	92%	2%
Southwest Affiliation	97%	92%	5%
Thumb Alliance PIHP	92%	92%	0%
Venture Behavioral Health	93%	92%	1%

Clustering of Variation in Quality, Timeliness, and Access Across PIHPs

Although the previous three tables have separately shown the results for variation in care across the PIHPs for quality, timeliness, and access, the tables do not show the manner by which relatively high or low scores might cluster within individual PIHPs. Information on this type of clustering can be important to an assessment of each PIHP's overall performance on the measures used in the current review. For this reason, Table 4-4 presents each PIHP's score for the compliance standards, performance measures, and PIPs separately for quality, timeliness, and access. Due to measures being frequently relevant to more than one category of quality, timeliness, and access, the scores across measures for each PIHP can be correlated to varying degrees. Nonetheless, the overall pattern effectively highlights PIHPs that performed strongest on the measures and those with the greatest opportunities for improvement. Scores in the shaded cells within Table 4-4 are lower than the statewide average for all PIHPs.

Table 4-4—Quality, Timeliness, and Access Scores for Compliance Standards, Performance Measures, and PIPs

	Quality			Timeliness		Access		
PIHP	CS	PM	PIP	CS	PM	CS	PM	PIP
Access Alliance of Michigan	99%	91%	78%	100%	92%	100%	92%	78%
CMH Affiliation of Mid-Michigan	99%	94%	90%	100%	97%	100%	97%	90%
CMH for Central Michigan	93%	82%	61%	79%	86%	84%	86%	61%
CMH Partnership of Southeastern Michigan	96%	90%	100%	100%	96%	100%	96%	100%
Detroit-Wayne County CMH Agency	82%	86%	77%	82%	81%	77%	81%	77%
Genesee County CMH	100%	88%	90%	100%	91%	100%	91%	90%
Lakeshore Behavioral Health Alliance	99%	90%	94%	100%	93%	100%	93%	94%
LifeWays	100%	92%	79%	100%	94%	100%	94%	79%
Macomb County CMH Services	99%	81%	100%	100%	87%	100%	87%	100%
network180	89%	88%	90%	94%	89%	98%	89%	90%
NorthCare	98%	93%	100%	98%	96%	100%	96%	100%
Northern Affiliation	95%	94%	86%	94%	95%	94%	95%	86%
Northwest CMH Affiliation	99%	91%	71%	100%	91%	100%	91%	71%
Oakland County CMH Authority	99%	94%	92%	100%	97%	100%	97%	92%
Saginaw County CMH Authority	94%	90%	90%	90%	92%	100%	92%	90%
Southwest Affiliation	98%	84%	95%	100%	95%	100%	95%	95%
Thumb Alliance PIHP	100%	95%	78%	100%	97%	100%	97%	78%
Venture Behavioral Health	100%	89%	89%	100%	91%	100%	91%	89%
State Average	96%	90%	87%	96%	92%	98%	92%	87%

CS = Compliance Standards PM = Performance Measures PIP = Performance Improvement Project
Scores in shaded cells are lower than the State average.

Perhaps the most evident finding from Table 4-4 is that two PIHPs posted below-average scores across all categories in the table—CMH for Central Michigan and Detroit-Wayne County CMH Agency. These two PIHPs show opportunities for improvement across the quality, timeliness, and access domains as assessed by the measures in the current review.

Also shown in Table 4-4 are five agencies that posted above-average scores across all categories of measures within the quality, timeliness, and access domains. The five PIHPs are CMH Affiliation of Mid-Michigan, CMH Partnership of Southeastern Michigan, Lakeshore Behavioral Health Alliance, NorthCare, and Oakland County CMH Authority. The consistently above-average performance of these five PIHPs is commendable and indicates the overall strength of their policies and systems.

Compliance Standards, Performance Measures, and PIPs

Compliance Standards

The previous year's assessment contained results for compliance standards, performance measures, and PIPs, but was not categorized within the domains of quality, timeliness, and access. The measures under review for compliance standards and PIPs were sufficiently congruent to support a year-to-year assessment of change. Some of the performance measures, however, were required to be reported by the PIHPs for the first time this year. For this reason, the performance measures are addressed as setting baseline measurements from which future changes can be assessed. Further, the performance measures can be assessed for the single year to highlight both strengths and opportunities for improvement by comparing the performance measures to other PIHPs.

Table 4-5 presents the two-year comparative results for the compliance measures. To compare performance on the compliance standards across two years, the scores for the PIHPs' Year 1 performance had to be calculated somewhat differently than originally presented in the Year 1 reports. Scores in Year 1 were presented for each compliance standard based on the following rating system: Met = 1 (point), Substantially Met = .75, Partially Met = .50, and Not Met and Not Applicable = 0. The ratings were assigned to each element within each compliance standard. The overall elements contained varying numbers of subelements. Each overall element, regardless of the number of subelements, was given a rating for the entire element. The points for the overall elements were averaged across the total number of applicable elements within each standard to derive a percentage score for each standard (e.g., access received a rating of 68 percent on Standard 1 in the Year 1 report, which will be shown to convert to 64 percent for the current report). Recommendations were made for all elements that were not rated as either Met or Not Applicable. Because of the existence of subelements, there was the potential for a greater number of recommendations than there were total elements.

When HSAG conducted the follow-up review, scores were not assigned at the level of each compliance standard. Instead, each of the compliance standards, elements, and subelements was rated with either an "R" (i.e., "Recommendation"—the report contained an attendant recommendation due to the standard, element, or subelement being not fully compliant or not applicable) or "C" (i.e., "Compliant"). For the current technical report, however, HSAG was required to develop a methodology for longitudinal scoring containing a separate score for each element and subelement. An item that had counted for only one score in Year 1 might be represented by five evaluated recommendations in Year 2. To compare the level of compliance between Year 1 and Year 2, HSAG assessed the total number of elements and subelements that were compliant after Year 1 and after Year 2. Using this method, Access Alliance of Michigan received 64 percent compliance for Year 1, whereas the PIHP had originally received a score of 68 percent in the Year 1 report. The impact of these mostly minor changes to Year 1 scoring is a greater comparability for the scores across the two assessment years.

When evaluating a change in scores from Year 1 (i.e., "04-05") to Year 2 (i.e., "05-06"), it should be noted that elements and subelements that were scored as Met in Year 1 were not reevaluated in Year 2. Instead, PIHPs retained credit for meeting the elements and subelements scored as Met in Year 1 for the Year 2 assessment. As an outcome of this methodology, the Year 2 scores could have been either the same as or higher than the Year 1 scores, but not lower.

Table 4-5—Summary of MDCH PIHP Compliance Standards Scores

PIHP	Standard I QAPI	Standard II Performance Mgmt.	Standard III Practice Guidelines	Standard IV Staff Qualifications	Standard V Utilization Management	Standard VI Customer Service	Standard VII Grievance Process	Standard VIII Enrollee Rights	Overall Compliance Monitoring
	<u>04-05</u> 05-06	<u>04-05</u> 05-06	<u>04-05</u> 05-06	<u>04-05</u> 05-06	<u>04-05</u> 05-06	<u>04-05</u> 05-06	<u>04-05</u> 05-06	<u>04-05</u> 05-06	<u>04-05</u> 05-06
Access Alliance of Michigan	<u>64</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>54</u> 100	<u>62</u> 100	<u>24</u> 100	<u>55</u> 94	<u>66</u> 99
CMH Affiliation of Mid-Michigan	<u>41</u> 100	<u>71</u> 100	<u>100</u> 100	<u>100</u> 100	<u>44</u> 100	<u>77</u> 100	<u>28</u> 100	<u>54</u> 91	<u>57</u> 98
CMH for Central Michigan	<u>71</u> 100	<u>57</u> 100	<u>100</u> 100	<u>100</u> 100	<u>68</u> 68	<u>92</u> 100	<u>15</u> 69	<u>45</u> 79	<u>63</u> 88
CMH Partnership of Southeastern Michigan	<u>91</u> 100	<u>100</u> 100	<u>64</u> 93	<u>50</u> 83	<u>38</u> 100	<u>38</u> 100	<u>33</u> 100	<u>57</u> 97	<u>62</u> 98
Detroit-Wayne County CMH Agency	<u>41</u> 77	<u>46</u> 88	<u>57</u> 100	<u>100</u> 100	<u>36</u> 92	<u>54</u> 62	<u>22</u> 67	<u>78</u> 81	<u>52</u> 83
Genesee County CMH	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>63</u> 100	<u>100</u> 100	<u>54</u> 100	<u>80</u> 100	<u>86</u> 100
Lakeshore Behavioral Health Alliance	<u>87</u> 100	<u>85</u> 100	<u>90</u> 100	<u>100</u> 100	<u>85</u> 100	<u>100</u> 100	<u>79</u> 100	<u>86</u> 92	<u>87</u> 98
LifeWays	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>85</u> 100	<u>77</u> 100	<u>94</u> 100
Macomb County CMH Services	<u>59</u> 95	<u>69</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>62</u> 100	<u>58</u> 97	<u>76</u> 99
network180	<u>76</u> 100	<u>100</u> 100	<u>70</u> 70	<u>100</u> 100	<u>96</u> 96	<u>92</u> 100	<u>77</u> 85	<u>66</u> 69	<u>84</u> 89
NorthCare	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>72</u> 100	<u>69</u> 100	<u>78</u> 94	<u>69</u> 91	<u>84</u> 98
Northern Affiliation	<u>86</u> 100	<u>96</u> 100	<u>50</u> 90	<u>100</u> 100	<u>79</u> 88	<u>85</u> 100	<u>78</u> 94	<u>76</u> 79	<u>82</u> 92
Northwest CMH Affiliation	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>84</u> 100	<u>100</u> 100	<u>56</u> 100	<u>61</u> 94	<u>84</u> 99
Oakland County CMH Authority	<u>91</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>48</u> 100	<u>92</u> 100	<u>61</u> 100	<u>83</u> 92	<u>82</u> 98
Saginaw County CMH Authority	<u>76</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>74</u> 100	<u>85</u> 100	<u>08</u> 69	<u>81</u> 88	<u>79</u> 94
Southwest Affiliation	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>94</u> 100	<u>73</u> 89	<u>93</u> 98
Thumb Alliance PIHP	<u>100</u> 100	<u>86</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>89</u> 100	<u>78</u> 100	<u>91</u> 100
Venture Behavioral Health	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>100</u> 100	<u>96</u> 100	<u>92</u> 100	<u>94</u> 100	<u>97</u> 100	<u>97</u> 100
Statewide Standard Average	<u>82</u> 98	<u>90</u> 99	<u>91</u> 98	<u>97</u> 99	<u>75</u> 97	<u>85</u> 98	<u>59</u> 94	<u>71</u> 91	<u>79</u> 96

Table 4-5 presents a picture of widespread improvement across the PIHPs. Most of the Year 1 rates that were not 100 percent increased substantially in Year 2. As of the Year 2 scoring, all eight compliance standards averaged greater than 90 percent across all 18 PIHPs. Further, only three PIHPs averaged less than 90 percent across the eight compliance standards—CMH for Central Michigan, Detroit-Wayne County CMH Agency, and network180—the first two of which scored the lowest of the PIHPs in Table 4-5 for Year 2 and were the only two PIHPs scoring consistently below average in Table 4-4.

Performance Measures

Eight performance measures were assessed for their compliance with technical requirements, specifications, and construction for both the previous and the current year. The performance measures were scored as Fully Compliant, Substantially Compliant, or Not Valid. Table 4-6 presents the results for the previous and current years.

Table 4-6—Degree of Compliance for Eight Selected Performance Measures						
Performance Measure	Percent of PIHPs					
	Fully Compliant		Substantially Compliant		Not Valid	
	04-05	05-06	04-05	05-06	04-05	05-06
Indicator 1. Percent of emergency referrals completed within the time standard (children and adults).	6%	78%	17%	22%	78%	0%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	56%	78%	44%	22%	0%	0%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	28%	83%	67%	11%	6%	6%
Indicator 4a. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children and adults).	22%	83%	72%	11%	6%	6%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	N/A	78%	N/A	11%	N/A	11%
Indicator 5. Penetration rate.	67%	94%	28%	0%	6%	6%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	N/A	100%	N/A	0%	N/A	0%
Indicator 12. Percent of discharges readmitted to inpatient care within 30 days of discharge (children and adults).	17%	89%	83%	11%	0%	0%

Similar to the overall outcome shown in Table 4-5 for the two-year comparison, Table 4-6 shows relatively large increases in full compliance across the eight performance measures. These increases are to the credit of the PIHPs statewide. Nonetheless, the first two indicators in the table show a generalized opportunity for improvement, with 22 percent of PIHPs posting rates that were Substantially Compliant. Furthermore, PIHPs receiving a score of Not Valid should examine and alter their relevant policies and systems.

The current performance measure set was not used in the previous year's report. Nonetheless, a cross-sectional assessment this year forms the basis for the recognition of current strengths or opportunities for improvement across the 18 PIHPs. Table 4-7 shows these results.

Table 4-7—Year 2 Performance Measures

PIHPs	Emergency Referrals-Children	Emergency Referrals-Adults	Initial Assessment Within 14 Days	Initiate On-going Service Within 14 Days	7 Day Psychiatric Follow-Up-Children	7 Day Psychiatric Follow-Up-Adult	7 Day Detox Follow-Up	Penetration Rate	HSW Rate	30 Day Readmission Rate-Children	30 Day Readmission Rate-Adult
Access	100%	99.00%	92.42%	89.11%	83.33%	88.24%	91.67%	8.20%	98.48%	0.0%	14.93%
CMHAMM	100%	98.94%	99.28%	98.39%	91.30%	91.94%	NV	5.71%	99.19%	0.0%	11.11%
CMH Central	96.00%	99.00%	97.00%	93.28%	50.00%	69.05%	100%	6.95%	98.24%	16.67%	6.98%
CMH Partnership	100%	100%	99.00%	95.00%	92.00%	87.00%	98.00%	6.31%	85.60%	8.00%	13.00%
Detroit-Wayne	93.58%	71.78%	NV	NV	68.67%	72.24%	100%	4.61%	98.84%	11.24%	15.19%
Genesee	98.00%	96.00%	98.05%	84.18%	83.33%	87.74%	92.31%	4.85%	97.76%	18.75%	11.48%
Lakeshore	100%	98.00%	98.57%	95.51%	87.50%	95.12%	75.00%	NV	98.69%	13.33%	4.17%
LifeWays	95.24%	97.41%	94.44%	100%	78.95%	93.33%	100%	5.56%	94.78%	0.0%	15.15%
Macomb	100%	100%	95.86%	95.15%	73.08%	42.61%	100%	5.11%	99.36%	11.11%	18.03%
network180	95.31%	95.31%	97.59%	77.10%	96.30%	92.05%	71.43%	4.59%	96.82%	11.76%	19.79%
North Care	98.80%	98.80%	94.80%	92.70%	100%	93.50%	93.50%	6.12%	99.45%	8.70%	20.90%
Northern Affiliation	100%	98.00%	98.46%	93.85%	100%	100%	75.00%	5.99%	98.14%	0.0%	10.00%
Northwest CMH	95.00%	96.00%	96.34%	91.57%	75.00%	83.67%	100%	6.36%	96.13%	4.76%	5.17%
Oakland	99.10%	94.07%	100%	93.63%	100%	98.21%	94.44%	7.44%	99.08%	13.16%	16.67%
Saginaw	100%	98.00%	84.00%	84.37%	NV	NV	NV	4.01%	98.26%	9.09%	17.94%
Southwest Alliance	98.00%	96.90%	99.60%	96.00%	93.80%	83.80%	100%	6.51%	96.06%	52.60%	17.50%
Thumb Alliance	100%	99.27%	99.40%	98.40%	91.67%	90.32%	100%	6.45%	100%	0.0%	11.29%
Venture	100%	100%	89.67%	84.05%	91.67%	95.83%	73.08%	5.56%	94.34%	8.33%	9.72%

The rates for the tables are discussed separately for each PIHP in Appendices B-S and collectively in Appendix T. In these appendices, the rates are categorized and evaluated in terms of quality, timeliness, and access. The evaluations of the performance measure scores for each PIHP are referenced against the average scores across all PIHPs.

Performance Improvement Projects (PIPs)

Table 4-8 presents a two-year comparison of PIP scores. The table shows that the PIHPs with the greatest opportunities for improvement are CMH for Central Michigan, Northwest CMH Affiliation, and Thumb Alliance PIHP. Nonetheless, the validation status columns suggest a somewhat more generalized opportunity for improvement across several of the PIHPs.

Table 4-8—Comparison of Each PIHP's PIP Validation Scores for 2004–2005 and 2005-2006						
Statewide PIP Study Topic- Coordination of Care	% of All Elements Met		% of All Critical Elements Met		Validation Status	
PIHP	04-05	05-06	04-05	05-06	04-05	05-06
Access Alliance of Michigan	35%	78%	23%	92%	Not Met	Partially Met
CMH Affiliation of Mid-Michigan	46%	90%	38%	80%	Not Met	Partially Met
CMH for Central Michigan	65%	61%	91%	54%	Partially Met	Not Met
CMH Partnership of Southeastern Michigan	61%	100%	80%	100%	Not Met	Met
Detroit-Wayne County CMH Agency	48%	77%	38%	85%	Not Met	Not Met
Genesee County CMH	88%	90%	100%	100%	Met	Met
Lakeshore Behavioral Health Alliance	63%	94%	85%	100%	Not Met	Met
LifeWays	38%	79%	30%	85%	Not Met	Partially Met
Macomb County CMH Services	50%	100%	69%	100%	Not Met	Met
network180	85%	90%	100%	92%	Met	Partially Met
NorthCare	86%	100%	100%	100%	Met	Met
Northern Affiliation	51%	86%	50%	69%	Not Met	Partially Met
Northwest CMH Affiliation	75%	71%	100%	62%	Partially Met	Not Met
Oakland County CMH Authority	63%	92%	85%	92%	Not Met	Not Met
Saginaw County CMH Authority	43%	90%	23%	100%	Not Met	Met
Southwest Affiliation	69%	95%	85%	100%	Not Met	Met
Thumb Alliance PIHP	91%	78%	100%	85%	Met	Partially Met
Venture Behavioral Health	72%	89%	92%	100%	Partially Met	Met
Shaded cells show a lack of improvement between the two yearly assessments.						

Conclusions

Several opportunities for improvement were highlighted for specific PIHPs and generally across all PIHPs. An example of a generalized opportunity for improvement can be seen in the validation status for PIPs, for which less than half of the PIHPs received a score of Met for the current year. Opportunities for improvement also clustered within PIHPs, as shown in Table 4-4. In that table, two PIHPs were shown to score below the statewide average across all measures in the table.

Overall, however, the results shown herein present a process of generalized improvement across broad categories of measures (i.e., compliance standards, performance measures, and PIPs) and domains that are relevant to the BBA requirements for a technical report (i.e., quality, timeliness, and access). Several individual and collective strengths have been highlighted for the PIHPs, perhaps the most important of these being the improvements seen between the previous and current years.

5. Assessment of PIHP Follow-up on Prior Recommendations

Introduction

In this section of the report, an assessment is made of the degree to which the PIHPs effectively addressed the improvement recommendations made by HSAG (i.e., the EQRO) in the previous year's technical report. These prior recommendations covered standards, performance measures, and the PIP topic.

Access Alliance of Michigan

Standards

The review team made 43 recommendations for improvement during the prior year's review in the following areas: quality assessment and performance improvement program (QAPIP) plan and structure, utilization management, customer service, recipient grievance process, and recipient rights and protections. Numerous improvements were made, and only two continuing recommendations exist for providing recipient rights information. The PIHP is to be commended in the improvements made to date.

Performance Measures

To ensure consistent application of the performance measure specifications, the validation team recommended that Access Alliance of Michigan either explore the potential to calculate performance indicators on behalf of all its affiliate community mental health services programs (CMHSPs) or implement a formal monitoring process of each affiliate related to service data entry and calculation of the performance indicators. Following the recommendation, the PIHP formed quality improvement committee groups to develop standards for each performance indicator to ensure that all data were being captured uniformly. The PIHP's development of standardized data collection instructions for each performance measure, as well as site review and validation of affiliate data, were considered to be a best practice. The data entry system was automated and the documentation of instructions and procedures was exceptional. The collaborative efforts between the PIHP and its affiliates enhanced the accuracy and completeness of the performance measure data. The recommendation was, therefore, fully addressed.

A second recommendation identified the need to monitor claim submission volume of each affiliate CMHSP and to establish minimum thresholds to trigger follow-up and corrective action. This recommendation was not addressed.

PIP Topic

The review team made comments and recommendations for the general start-up and sampling activities in the prior year's review of the PIP. This year, performance on those activities was improved. Other activities related to data collection, analysis, and interpretations also had recommendations, but those activities were viewed as only partially improved. One reason was that documentation of qualifications and experience for data collection staff were only partially provided. Also, data analysis still needed statistical testing to show differences between baseline and remeasurement periods. Without statistical testing, the interpretations would not have statistical foundation.

CMH Affiliation of Mid-Michigan

Standards

The review team made 51 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, performance measurement and improvement, utilization management, customer service, recipient grievance process, and recipient rights and protections. Numerous improvements were made, and two continuing recommendations remain, both relative to recipient rights and protections. The PIHP is to be commended on the improvements made to date and is urged to continue them into the future.

Performance Measures

The validation team recommended that CMH Affiliation of Mid-Michigan establish a formal method to validate performance indicator results, expand oversight activities to ensure standardized collection of data by its affiliate, and require submission of validation documentation from the affiliate. Following the recommendation, the PIHP expanded its data and information management system, Encompass System, to account for updated performance measure definitions and to ensure more accurate, automated production of indicators. The reviewers noted that the PIHP demonstrated a best practice for the efforts used to standardize collection of the indicators across CMHSPs, including the use of standard forms and the development of standardized definitions. The recommendation was, therefore, fully addressed.

A second recommendation was for CMH Affiliation of Mid-Michigan to explore methods to ensure an unduplicated count of recipients for the performance indicators. Following the recommendation, exceptional oversight activities were conducted to ensure that performance indicator data were collected and reported according to the MDCH codebook. A best practice was observed for the efforts to standardize collection of the indicators across community mental health centers, including the use of standard forms and the development of standardized definitions. The recommendation was, therefore, fully addressed.

PIP Topic

The review team made comments and recommendations for the identification of the study population and for sampling activities in the prior year's review of the PIP. This year, performance on those activities was improved. Other activities related to the various elements of data collection also had recommendations. Of the three elements in data collection with recommendations, two elements were improved and one element was partially improved. For the partially improved recommendation, the qualifications and experience of data collection staff were still not documented.

CMH for Central Michigan

Standards

The review team made 40 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, performance measurement and improvement, utilization management, customer service, recipient grievance process, and recipient rights and protections. Improvements were made for full compliance in QAPI plan and structure, performance measurement and improvement, and customer service. Fifteen continuing recommendations exist for utilization management, recipient grievance process, and recipient rights and protections.

Performance Measures

It was recommended that CMH for Central Michigan establish methods to ensure the most current MDCH codebook modifications were followed and to implement internal testing and validation processes for performance indicator calculations. Following the recommendation, <HP-Full> used a well-established automated data system to develop the performance indicators and provide feedback reports to providers and PIHP data entry staff managers. This automated system included edit-checks to ensure accurate and complete data entry. The PIHP had follow-up procedures in place for correcting incomplete data. The recommendation was, therefore, fully addressed.

A second recommendation was to consider implementing a formal audit process to validate data entry of service activity log data at each county location because these locations are the source of all service data. This recommendation was not addressed.

PIP Topic

The review team made comments and recommendations regarding construction of the study indicators, identification of the study population, and sampling activities in the prior year's review of the PIP. This year, performance on those activities was improved. Other activities related to the various elements of data collection also had recommendations. Of the eight elements in data collection where there were recommendations, one element was improved, three elements were partially improved, and four elements were not improved.

For the three elements that were partially improved, the data elements being collected remained unclear, a copy of the data collection tool was not included with the study, and the instructions for the tool were discussed in the documentation but were not provided. For the four elements that were not improved, the interrater reliability process was not addressed, there was no study overview in the instructions, the automated data collection process was not discussed, and the percentage for data completeness was not provided.

CMH Partnership of Southeastern Michigan

Standards

The review team made 43 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, practice guidelines, staff qualifications and training, utilization management, customer service, recipient grievance process, and recipient rights and protections. Numerous improvements were made, and only three recommendations remain for practice guidelines, staff qualifications and training, and recipient rights and protections.

Performance Measures

It was recommended that CMH Partnership of Southeastern Michigan develop better methods for the documentation and validation of internal processes—especially those that are manual, explore methods to expand the use of the Encompass System beyond operational systems to full-scale integration of performance reporting, consider automating the manual processes for performance indicator reporting, and standardize supported employment data across its affiliates. Following the recommendations, CMH Partnership of Southeastern Michigan expanded the Encompass System to account for updated performance measure definitions and to ensure more accurate, automated production of indicators. The reviewers noted that CMH Partnership of Southeastern Michigan demonstrated a best practice for the efforts used to standardize collection of the indicators across CMHSPs, including the use of standardized forms and the development of standardized definitions. The audit tools and sampling approach were determined to be sufficient and provided the review team with a level of comfort that the performance indicator data were collected in a standardized fashion. The recommendation was, therefore, fully addressed.

It was also recommended that CMH Partnership of Southeastern Michigan consider revising its system regarding appointment status to facilitate data accuracy. The change was made immediately and fully addressed.

PIP Topic

The review team made comments and recommendations regarding construction of the study indicators, identification of the study population, sampling, and data collection activities in the prior year's review of the PIP. This year, performance on all activities was improved. The PIHP is to be commended on its commitment to quality improvement for the PIP activities and documentation.

Detroit-Wayne County CMH Agency

Standards

The review team made 58 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, performance measurement and improvement, practice guidelines, utilization management, customer service, recipient grievance process, and recipient rights and protections. Numerous improvements were made, but 22 recommendations remain for QAPIP plan and structure, performance measurement and improvement, utilization management, customer service, recipient grievance process, and recipient rights and protections.

Performance Measures

It was recommended that Detroit-Wayne County CMH Agency expand E-forms to calculate the remaining three indicators that were calculated by its provider networks, develop a formalized audit process for all manual data entry (E-forms), and strive to integrate performance indicators into normal operations. Following the recommendation, the E-forms data system allowed for consistent data collection. During the site visit, the PIHP staff involved in performance indicator reporting demonstrated a clear vision and a comprehensive understanding of next steps for oversight of the data collection and performance indicator calculation processes. The recommendation was, therefore, fully addressed.

Additionally, concerning the claims and encounter data system, it was recommended that Detroit-Wayne County CMH Agency ensure that all of its provider networks have an audit process for data entry, and that the PIHP develop a tracking system for rejected 837 records. This recommendation was not addressed.

PIP Topic

The review team made comments and recommendations for the construction of the study indicators and for the identification of the study population in the prior year's review of the PIP. This year, performance on those activities was improved. Other activities related to the various elements of data collection also had recommendations. Of the four elements in data collection with recommendations, one element was improved, one element was partially improved, and two elements were not improved. For the one element that was partially improved, the qualifications and experience of data collection staff were not provided. For the two elements that were not improved, the interrater reliability process was not addressed and the study did not provide an overview in the instructions.

Genesee County CMH

Standards

The review team made 17 recommendations for improvement during the prior year's review in the following areas: utilization management, recipient grievance process, and recipient rights and protections. Numerous improvements were made, and no continuing recommendations exist at the present time. The PIHP is to be commended for achieving full compliance on the eight standards.

Performance Measures

It was recommended that Genesee County CMH improve its information technology functions through enhanced integration across business units and remedy current system limitations to ensure that all necessary data elements are captured. Following the recommendation, the claims and encounter systems used by the PIHP captured the necessary data elements for performance indicator reporting. The recommendation was, therefore, fully addressed.

Regarding the processing of claims and encounter data, minimal paper control processes were observed by the review team. The recommendation was made that control of paper claims needed to be expanded and backlog issues needed to be addressed. Following the recommendation, the PIHP instituted mechanisms to control the process. The recommendation was, therefore, fully addressed.

It was recommended that the PIHP implement a sound process for auditing data entry. Following the recommendation, system controls and built-in edit-checks were developed and supported accurate and complete encounter data. The current migration of internal providers to an appointment scheduler system, which has numerous verification steps as part of the Data Integrity Project, should help to ensure complete internal data. The recommendation was, therefore, fully addressed.

PIP Topic

The review team made comments and recommendations for sampling and improvement strategy activities in the prior year's review of the PIP. This year, performance on those activities was improved. Other activities related to data collection, analysis, and interpretation also had recommendations. For the three elements in data collection where there were recommendations, one element was improved, one element was partially improved, and one element was not improved. For the element that was partially improved, there were discrepancies in the lengths of remeasurement periods without an explanation. For the element that was not improved, the study instructions did not contain an overview.

Lakeshore Behavioral Health Alliance

Standards

The review team made 22 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, performance measurement and improvement, practice guidelines, utilization management, recipient grievance process, and recipient rights and protections. Numerous improvements were made, and only two recommendations remain for recipient rights and protections. The PIHP is to be commended in the improvements made to date.

Performance Measures

It was recommended that Lakeshore Behavioral Health Alliance streamline its process for performance measure calculations, using alternate reporting tools, establishing a common data warehouse for performance measure reporting, and increasing its documentation and use of flowcharts. Following the recommendation, Lakeshore Behavioral Health Alliance demonstrated consistency in interpretation and collection of performance indicator data, along with detailed documentation of processes used in reporting the performance indicators. The PIHP was found to have a good communication and feedback loop between affiliates, the coordinating agency, and the quality improvement specialist, who collects and reports data. Lakeshore Behavioral Health Alliance is moving toward a uniform information system structure, which will further enhance the consistency of its data. The recommendation was, therefore, fully addressed.

The validation team also recommended that Lakeshore Behavioral Health Alliance explore the use of a unique ID to prevent duplicate counting of members and services. Following the recommendation, the PIHP continued efforts to move toward a unique PIHP ID number for consistency across the community mental health centers, but had not fully accomplished this task. The recommendation was, therefore, partially addressed.

PIP Topic

The review team made comments and recommendations for the study indicator definitions and for data collection. This year, performance on those activities was improved. Other activities related to sampling, data analysis, and interpretation of the results also had recommendations. The two elements related to sampling were both partially improved, but the confidence interval and margin of error provided were both incorrect. For the two elements related to data analysis and interpretation, one was improved and one was not improved. The documentation did not specify the factors that affected the PIHP's ability to compare the results from the different measurement periods.

LifeWays

Standards

The review team made nine recommendations for improvement during the prior year's review for the recipient grievance process and for recipient rights and protections. Improvements were made, and no continuing recommendations remain. The PIHP is to be commended for achieving full compliance on the eight standards.

Performance Measures

Due to the collection and calculation of the performance indicators not being thoroughly documented, it was recommended that LifeWays establish documentation of manual processes for the calculation of indicators and to ensure compliance with MDCH's written specifications. Following the recommendation, the quality improvement data collection processes appeared sufficient to ensure accurate and complete data for the calculation of performance indicators that reflected services being provided. The recommendation was, therefore, fully addressed.

The recommendation was also made by the review team that the PIHP should implement more validation of data from InfoMC's eCura Information System (i.e., supported employment, triage information, and hospital claims). Following the recommendation, the PIHP started using a preauthorization process to ensure complete and accurate data. The recommendation was, therefore, fully addressed.

PIP Topic

The review team made comments and recommendations for the study question, study indicator definitions, the study population, sampling, and data collection. This year, performance on all activities was improved. The PIHP is to be commended on its commitment to quality improvement for the PIP activities and documentation.

Macomb County CMH Services

Standards

The review team made 29 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, performance measurement and improvement, recipient grievance process, and recipient rights and protections. Numerous improvements were made and only two continuing recommendations remain for QAPIP plan and structure, and for recipient rights and protections.

Performance Measures

It was recommended that Macomb County CMH Services establish a procedure for the documentation of manual processes for the calculation of indicators to ensure compliance with MDCH's written specifications, implement more validation for manual data entry, and ensure that the claims and encounter lag was rectified. Following the recommendations, the Macomb County CMH Services staff involved in performance indicator reporting demonstrated a comprehensive knowledge of the performance indicator process. A clear commitment to accurate reporting was evidenced by all staff members. The information technology staff demonstrated a proactive approach to data systems, as indicated by the decision to move to a new system before the limitations of the current system adversely affected PIHP operations. The eligibility system and audit processes ensured accurate and complete eligibility data that supported performance indicator reporting. The claims/encounter data capture processes and the audit processes in place were sufficient to ensure data completeness and accuracy for performance measure reporting. The recommendations were fully addressed.

PIP Topic

The review team made comments and recommendations for study indicator definitions, the study population, and sampling. This year, performance on those activities was improved. Furthermore, the study was reworked based on the previous year's comments and recommendations. The PIHP is to be commended on its commitment to quality improvement for the PIP activities and documentation.

network180

Standards

The review team made 18 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, practice guidelines, utilization management, customer service, recipient grievance process, and recipient rights and protections. Several improvements were made, but 11 continuing recommendations remain for practice guidelines, utilization management, recipient grievance process, and recipient rights and protections.

Performance Measures

It was recommended that network180 consider summary reporting and documentation of audit activities to facilitate overall understanding of the performance indicator reporting process, and that cross-training on performance indicator calculation and submission be continued to ensure continuity of reporting over time. Following the recommendation, the PIHP had exceptional documentation of processes used for generating performance indicator reports. The reviewers noted that network180's programmers met weekly to discuss performance indicator data and measure-specific issues, enhancing the accuracy of these data. The recommendation was fully addressed.

For claims and encounter data processing, it was recommended that network180 either terminate the current process allowing claims examiners to change data or thoroughly document the process. Additionally, it was recommended that the PIHP consider implementation of an audit verification process for data entry of paper claims. Following the recommendation, network180 demonstrated good monitoring of provider claims/encounter data reporting volume. It was evident that the PIHP's quality improvement data were complete and accurate. The PIHP had exceptional checks and balances in place to verify reliability of these data. The recommendation was fully addressed.

PIP Topic

The review team made comments and recommendations for the study population and for data analysis and interpretation. This year, performance of those activities was improved. Other activities related to the various elements of data collection also had recommendations. For the three elements in data collection where there were recommendations, two were partially improved and one was not improved. For the two that were partially improved, a copy of the data collection tool was not provided and the instructions for the data collection tool were discussed but were not provided. For the element that was not improved, the percentage of data completeness was not included in the documentation.

NorthCare

Standards

The review team made 21 recommendations for improvement during the prior year's review in the following areas: utilization management, customer service, the recipient grievance process, and recipient rights and protections. Several improvements were made, but 17 continuing recommendations remain for the recipient grievance process and for recipient rights and protections.

Performance Measures

It was recommended that NorthCare expand standardization efforts beyond methodology to implementation, consider assuming the role of compiling the performance indicators, and explore loading consumer-level data into the data warehouse for analytical and programming purposes. Following the recommendation, the NorthCare data audit processes were extensive and ensured that the data needed to report performance measures were complete and accurate. The NorthCare staff involved in performance measure reporting demonstrated comprehensive knowledge of PIHP data and MDCH performance indicator specifications. NorthCare should move toward automated PIHP-level indicator calculation using the data warehouse to minimize the administrative burden and potential for error. The recommendation was, therefore, partially addressed.

It was also recommended that NorthCare explore the use of a unique identifier at the PIHP level. Following the recommendation, the PIHP assigned unique IDs in the warehouse. The recommendation was fully addressed.

PIP Topic

The review team made comments and recommendations for the definition of the study population and for data collection. This year, performance on both activities was improved. The PIHP is to be commended on its commitment to quality improvement for PIP activities and documentation.

Northern Affiliation

Standards

The review team made 22 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, performance measurement and improvement, practice guidelines, utilization management, customer service, the recipient grievance process, and recipient rights and protections. Numerous improvements were made and 11 continuing recommendations remain for practice guidelines, utilization management, the recipient grievance process, and recipient rights and protections.

Performance Measures

It was recommended that Northern Affiliation implement an audit/data verification process for exclusion table data and for all manual data entry. In addition, the PIHP should consider using a data repository for performance indicator reporting. Following the recommendation, Northern Affiliation demonstrated thorough knowledge of PIHP data and performance measure specifications, a proactive approach to performance measure reporting, and an exceptional dedication to ensuring complete, accurate data and associated performance measures. Four areas were cited as examples of industry best practices: (1) the coordinating agency (CA) performance measure data reconciliation with encounter data, (2) the extensive and systematic performance measure verification processes, (3) the monthly performance measure outlier verification process, and (4) the habilitation supports waiver monthly verification process for supports. The recommendation was, therefore, fully addressed.

Regarding the processing of claims and encounter data, the review team recommended that Northern Affiliation formalize the current medical record audit process and develop a tracking system for pended claims. Following the recommendation, the review team found that Northern Affiliation still needed to expand the documentation of data audit processes currently being performed. The PIHP should implement a more systematic process for evaluation of encounter data completeness that considers all of its activities. Northern Affiliation did not address formalizing the current medical record audit process or developing a tracking system for pended claims. The recommendation was, therefore, not addressed.

PIP Topic

The review team made comments and recommendations for the definition of the study population. This year, performance on that activity was improved. Other activities related to the study question and to data collection activities also had recommendations. The two recommendations related to the study question were both partially improved. The study question needed to be reformatted to correspond with the documentation requirements and to be answerable within the framework of a PIP. The recommendation related to data collection was not improved. The instructions for the tool in the study did not contain an overview.

Northwest CMH Affiliation

Standards

The review team made 22 recommendations for improvement during the prior year's review in the following areas: utilization management, the recipient grievance process, and recipient rights and protections. Numerous improvements were made, and only two recommendations remain for recipient rights and protections. The PIHP is to be commended on the improvements made to date.

Performance Measures

The recommendations for improvement included Northwest CMH Affiliation continuing with its quality improvement cycle approach to performance measure reporting, progressing toward a programmatic approach to measure derivation, pursuing a more coordinated approach to performance measure reporting, and using a data repository for performance measure reporting. Following the recommendation, <HP-Full> proactively collaborated with its affiliates on the specifications for the performance indicators. <HP-Full> was actively working to identify and correct any data issues; yet, Northwest CMH Affiliation has not implemented using a data repository for performance indicator reporting. The recommendation was, therefore, partially addressed.

The review team also recommended that <HP-Full> explore the use of a PIHP-level member identification number to facilitate tracking consumers and avoid double-counting. Following the recommendation, the review team found that <HP-Full> still needed to consider assigning a unique PIHP member identification number to be able to track members across PIHP affiliates. The recommendation was, therefore, not addressed.

A recommendation was made regarding the claims and encounter data system, including revision of the claims-error process, formalization of the medical record audit process, and provision of cross-training to audit staff for all processes. Northwest CMH Affiliation did not formalize the medical record audit process or cross-train audit staff for these processes. The recommendation was, therefore, not addressed.

PIP Topic

The review team made comments and recommendations for the sampling section of the report. This year, performance on that activity was improved. Other activities related to data collection and to analysis and interpretation also had recommendations. For the six recommendations related to data collection, four were improved, one was partially improved, and one was not improved. The partially improved recommendation was due to lack of documentation regarding the qualifications and experience of data collection staff. The recommendation that was not improved was due to the lack of the percentage of data completeness being provided. For the two recommendation related to analysis and interpretation activities, one was partially improved and one was not improved. For the partially improved recommendation, the statistical analysis was done using ANOVA, but a chi-square would have been more appropriate. The recommendation that was not improved was due to a

lack of documentation on the internal and external factors that could have impacted the validity of the results.

Oakland County CMH Authority

Standards

The review team made 25 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, utilization management, customer service, the recipient grievance process, and recipient rights and protections. Numerous improvements were made, and only three recommendations remain for recipient rights and protections. The PIHP is to be commended in the improvements made to date.

Performance Measures

It was recommended that Oakland County CMH Authority continue its efforts to automate all performance indicator reporting and to ensure that all manual processes were audited and monitored for accuracy. Following the recommendation, all core providers used the same system, which facilitated exceptional data cohesiveness. It is expected that the Quality Improvement Demographic Data Dictionary currently being implemented will be a PIHP best practice. The recommendation was, therefore, fully addressed.

For its claims and encounter data system, it was also recommended that Oakland County CMH Authority ensure that all core providers have audit processes in place for data entry and other manual operations, and that summary reports of the audit results be periodically reviewed. Following the recommendation, the claims and encounter systems used by Oakland County CMH Authority and its affiliates captured the necessary data elements for performance indicator reporting. The system's controls and built-in edit-checks supported accurate and complete encounter data. The recommendation was, therefore, fully addressed.

PIP Topic

The review team made comments and recommendations for the study indicator definitions, the study population, sampling, data collection, and analysis and interpretation activities. This year, performance on all activities was improved. The PIHP is to be commended on its commitment to quality improvement for the PIP activities and documentation.

Saginaw County CMH Authority

Standards

The review team made 23 recommendations for improvement during the prior year's review in the following areas: QAPIP plan and structure, utilization management, customer service, the recipient grievance process, and recipient rights and protections. Numerous improvements were made, and eight recommendations remain for the recipient grievance process and for recipient rights and protections.

Performance Measures

It was recommended that Saginaw County CMH Authority explore the ability to capture additional data elements within its new system, implement a sound quality control and validation mechanism for all manual processes, and explore opportunities to replace manual calculations with programmatic processes. Specific recommendations were made to implement a better control process for paper claims processing as well as a formal audit process. Following these recommendations, Saginaw County CMH Authority's systematic process documentation, including the process documentation used for performance indicator calculation, was determined by the review team to be sufficiently comprehensive. The reviewers observed a strong commitment to automation for performance indicator reporting, and Saginaw County CMH Authority staff members were extremely well-versed in performance indicator specifications. The reviewers noted that a much improved paper claims process had been implemented since the previous site visit, streamlining the flow of paper and ensuring control of the same. Edits were in place on the back end prior to submission of the data to the State, and if invalid codes had gone through, they would be corrected prior to submission to the state. The recommendations were, therefore, fully addressed.

PIP Topic

The review team made comments and recommendations for the study question, study indicator definitions, study population, sampling, and improvement strategy activities. This year, performance on all activities was improved. Other activities related to data collection activities also had recommendations. For the two recommendations related to data collection, one was improved and one was not improved. The recommendation that was not improved was due to the lack of a systematic data collection process in the documentation.

Southwest Affiliation

Standards

The review team made nine recommendations for improvement during the prior year's review for the recipient grievance process and for recipient rights and protections. Several improvements were made, and only four recommendations remain for recipient rights and protections. The PIHP is to be commended on the improvements made to date.

Performance Measures

The review team recommended that Southwest Affiliation increase monitoring of its affiliates, including communication on measure calculations and additional monitoring of data submission for accuracy. Following the recommendation, Southwest Affiliation demonstrated strong adherence to the standardized specifications across all affiliates, facilitating accurate data collection processes. Southwest Affiliation's data warehouse strategy led to complete and comparable data for performance measure reporting. When coupled with the manual verification process for all measure outliers, the accuracy of the measures were ensured, resulting in performance measures fully reflective of the services being provided by Southwest Affiliation. According to the review team, follow-up on previous audit recommendations was evident during the site visit. The recommendation was, therefore, fully addressed.

It was also recommended that Southwest Affiliation consider monthly tracking/monitoring of claims and encounter data submission by its affiliates to ensure all data are received in a timely manner. Following the recommendation, the review team found that Southwest Affiliation still needed to document its activities regarding oversight of claims and encounter data completeness and accuracy. The recommendation was, therefore, not addressed.

PIP Topic

The review team made comments and recommendations for the study indicator definitions, the study population, sampling, and analysis and interpretation activities. This year, performance on all activities was improved. Other activities related to the various elements of data collection also had recommendations. For the three elements with recommendations related to data collection activities, one was improved, one was partially improved, and one was not improved. The element that was partially improved pertained to the data collection tool; the instructions for the tool were not provided. The element that was not improved was due to the lack of an overview of the study in the instructions for the data collection tool.

Thumb Alliance PIHP

Standards

The review team made 13 recommendations for improvement during the prior year's review in the following areas: performance measurement and improvement, the recipient grievance process, and recipient rights and protections. All improvements were made, and there are no continuing recommendations. The PIHP is to be commended for achieving full compliance on the eight standards.

Performance Measures

It was recommended that Thumb Alliance PIHP document its manual processes for calculation of indicators, ensure compliance with MDCH written specifications pertaining to the performance indicators, and implement more validation of manual data at the affiliate level. The programmatic data edits and error reporting that were reviewed on-site this year were exceptional and were considered to be an industry best practice. The weekly error and outlier reporting of performance indicator and quality improvement data ensured complete and accurate data for performance indicator reporting, which was also recognized as an industry best practice. The recommendation was, therefore, fully addressed.

PIP Topic

The review team made comments and recommendations for the study population and for sampling activities. This year, performance on both activities was improved. One of the elements within data collection that had a recommendation was not improved; an overview of the study was not contained in the instructions for the data collection tool.

Venture Behavioral Health

Standards

The review team made six recommendations for improvement during the prior year's review in the following areas: utilization management, customer service, the recipient grievance process, and recipient rights and protections. All improvements were made, and no recommendations remain. The PIHP is to be commended for achieving full compliance on the eight standards.

Performance Measures

The review team recommended that Venture Behavioral Health translate any Healthcare Common Procedural Coding System (HCPCS) or homegrown codes into standard Current Procedural Technology (CPT) codes prior to submission to MDCH. In addition, the PIHP should capture the original date of assessment for performance indicators and not overwrite this date with rescheduled appointments. Following the recommendation, the PIHP began some monitoring, but it was not sufficiently detailed. The recommendation was, therefore, partially addressed.

It was also recommended that Venture Behavioral Health increase the monitoring of its affiliates, including site visits. Following the recommendation, changes based on prior audit recommendations were also noted, including monitoring of contracted affiliates. The recommendation was, therefore, fully addressed.

PIP Topic

The review team made comments and recommendations for the study indicator definitions, the study population, improvement strategies, data analysis and interpretation, and documentation of real improvement achieved. This year, performance on all activities was improved. Other activities related to sampling and to data collection also had recommendations. The two recommendations related to sampling were both partially improved. Technical issues existed with the sampling technique and the confidence interval, and the margin of error was only specified for two of the indicators. The one recommendation for data collection activities was not improved. The percentage for data completeness was not documented.

Appendix A. References

- ¹⁻¹ Department of Health and Human Services Centers for Medicare & Medicaid Services. *Legislative Summary: Balanced Budget Act of 1997 Medicare and Medicaid Provisions*. Available at: http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/CC_Section4016_BBA_1997.pdf
- ¹⁻² Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Vol 3, October 1, 2005. Available at: <http://frwebgate.access.gpo.gov/cgi-bin/get-cfr.cgi?YEAR=current&TITLE=42&PART=438&SECTION=320&SUBPART=&TYPE=TEXT>
- ¹⁻³ National Committee on Quality Assurance. 2006 Standards and Guidelines for MBHOs and MCOs.
- ¹⁻⁴ Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register*, Vol. 67, No. 115, June 14, 2002.

Appendix B. Results—Access Alliance of Michigan

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table B-1 presents the individual standards used to assess quality. The table shows that the PIHP scored consistently higher on all standards than the average across all PIHPs, especially for Recipient Grievance Process, where the PIHP exceeded the average PIHP score by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 3 percentage points, just 1 percentage point short of the maximum possible.

Standards	Access Alliance of Michigan	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	94%	91%	3%
Quality Standards Average	99%	96%	3%

Performance Measures

Table B-2 presents the individual performance measures used to assess quality. The table shows that the PIHP’s overall score exceeded the average score across all PIHPs by 1 percentage point. Indicator 4a1 (i.e., percent of persons discharged from a psychiatric inpatient unit seen within 7 days—children) was lower than the average across the PIHPs by 3 percentage points, and Indicator 12b (i.e., percent of discharges readmitted to inpatient care within 30 days of discharge for adults) was lower by 2 percentage points (i.e., as a “reverse” indicator, meaning that a higher rate equals lower performance). As evidence of a potential area of strength, the PIHP exceeded the average

across all PIHPs for indicator 12a (i.e., percent of discharges readmitted to inpatient care within 30 days of discharge —children) by 10 percentage points.

Table B-2—Performance Measures Assessing Quality—Access Alliance of Michigan			
Performance Measures	Access Alliance of Michigan	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	83.33%	86%	-3%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	88.24%	86%	2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	91.67%	92%	0%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	98.48%	97%	1%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	0.00%	10%	10%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	14.93%	13%	-2%
Quality Performance Measures Average	91%	90%	1%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table B-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was lower than the average score across all PIHPs by 9 percentage points, suggesting an opportunity for improvement for the PIHP.

Table B-3—PIP Topic Assessing Quality—Access Alliance of Michigan			
PIP Topic	Access Alliance of Michigan	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	78%	87%	-9%

Timeliness

Standards

Table B-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, the maximum possible.

Table B-4—Standards Assessing Timeliness			
Standards	Access Alliance of Michigan	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table B-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP's overall score was equivalent to the average score across all PIHPs. The PIHP's scores were lower than the average across PIHPs for three indicators, equal to the average for one indicator, and higher than the average for three indicators. Overall, the largest opportunity for improvement was seen for Indicator 2, percent of persons receiving an initial assessment within 14 calendar days of first request, which scored 4 percentage points lower than the average across all PIHPs.

Table B-5—Performance Measures Assessing Timeliness			
Performance Measures	Access Alliance of Michigan	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	99.00%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	92.42%	96%	-4%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	89.11%	92%	-3%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	83.33%	86%	-3%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	88.24%	86%	2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	91.67%	92%	0%
Timeliness Performance Measures Average	92%	92%	0%

Access

Standards

Table B-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table B-6—Standards Assessing Access			
Standards	Access Alliance of Michigan	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table B-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table B-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 8.20 percent and was approximately 2 percentage points higher than the average rate across all PIHPs.

Table B-7—Performance Measures Assessing Access			
Performance Measures	Access Alliance of Michigan	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	99.00%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	92.42%	96%	-4%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	89.11%	92%	-3%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	83.33%	86%	-3%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	88.24%	86%	2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	91.67%	92%	0%
Indicator 5. Penetration rate.	8.20%	6%	2%
Access Performance Measures Average	92%	92%	0%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table B-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table B-3. Again, the table shows an opportunity for improvement, as the PIHP scored 9 percentage points lower than the average across all PIHPs.

Table B-8—PIP Topic Assessing Access			
PIP Topic	Access Alliance of Michigan	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	78%	87%	-9%

Appendix C. Results—CMH Affiliation of Mid-Michigan

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages. All notations of “NV” in the tables represent scores that were not valid.

Quality

Standards

Table C-1 presents the individual standards used to assess quality. The table shows that the PIHP scored higher on all standards than the average across all PIHPs, except for Recipient Rights and Protection, where the PIHP’s score equaled the average PIHP score. Overall, the PIHP exceeded the average for all PIHPs by 3 percentage points and was just 1 percentage point short of the maximum possible, or 100 percent.

Table C-1—Standards Assessing Quality			
Standards	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	91%	91%	0%
Quality Standards Average	99%	96%	3%

Performance Measures

Table C-2 presents the individual performance measures used to assess quality. The table shows that the PIHP’s overall score exceeded the average score for all of the measures where it had a valid score. Overall, the PIHP exceeded the average across all PIHPs by 4 percentage points. The PIHP’s score for Indicator 12a (i.e., percent of discharges readmitted to inpatient care within 30 days of discharge—children) exceeded the average across PIHPs by 10 percentage points, indicating an area of strength for the PIHP.

Table C-2—Performance Measures Assessing Quality			
Performance Measures	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.30%	86%	5%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	91.94%	86%	6%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	NV	92%	NV
Indicator 8. Habilitation Supports Waiver (HSW) rate.	99.19%	97%	2%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	0.00%	10%	10%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	11.11%	13%	2%
Quality Performance Measures Average	94%	90%	4%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table C-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was higher than the average score across all PIHPs by 3 percentage points.

Table C-3—PIP Topic Assessing Quality			
PIP Topic	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	90%	87%	3%

Timeliness

Standards

Table C-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points.

Table C-4—Standards Assessing Timeliness			
Standards	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table C-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP's scores exceeded the average PIHP scores for all of the measures where the PIHP had a valid score. Overall, the PIHP's average score exceeded the average for all PIHPs by 5 percentage points.

Table C-5—Performance Measures Assessing Timeliness			
Performance Measures	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.94%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	99.28%	96%	3%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	98.39%	92%	6%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.30%	86%	5%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	91.94%	86%	6%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	NV	92%	NV
Timeliness Performance Measures Average	97%	92%	5%

Access

Standards

Table C-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points.

Table C-6—Standards Assessing Access			
Standards	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table C-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table C-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 5.71 percent and approximated the average rate across all PIHPs.

Table C-7—Performance Measures Assessing Access			
Performance Measures	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.94%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	99.28%	96%	3%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	98.39%	92%	6%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.30%	86%	5%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	91.94%	86%	6%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	NV	92%	NV
Indicator 5. Penetration rate.	5.71%	6%	0%
Access Performance Measures Average	97%	92%	5%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table C-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table C-3. The table shows that the PIHP’s PIP score was higher than the average score across all PIHPs by 3 percentage points.

Table C-8—PIP Topic Assessing Access			
PIP Topic	CMH Affiliation of Mid-Michigan	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	90%	87%	3%

Appendix D. Results—CMH for Central Michigan

Introduction

This appendix provides this PIHP's detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table D-1 presents the individual standards used to assess quality. The table shows that the PIHP scored higher on five standards than the average across all PIHPs. The two standards where the PIHP scored lower, however, were both substantially lower and represent opportunities for improvement. The opportunity for improvement is greatest for Recipient Grievance Process, where the PIHP scored 24 percentage points lower than the average across all PIHPs. Overall, the PIHP averaged a lower score than the average for all PIHPs by 3 percentage points.

Table D-1—Standards Assessing Quality			
Standards	CMH for Central Michigan	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	69%	93%	-24%
VIII. Recipient Rights and Protections	79%	91%	-12%
Quality Standards Average	93%	96%	-3%

Performance Measures

Table D-2 presents the individual performance measures used to assess quality. For three of the measures, the PIHP's score exceeded the average across all PIHPs; and for the other three scores, the PIHP was lower. The two performance measures that represent the greatest opportunities for improvement are both the children and adult measures on the percent of persons discharged from a psychiatric inpatient unit seen within 7 days, at 36 percentage points and 17 percentage points lower, respectively. Notably, the PIHP's score for the measure assessing the percent of persons

discharged from a substance abuse/detox unit seen within 7 days was at 100 percent. The PIHP's overall score was lower than the average score across all PIHPs by 8 percentage points.

Table D-2—Performance Measures Assessing Quality			
Performance Measures	CMH for Central Michigan	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	50.00%	86%	-36%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	69.05%	86%	-17%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	98.24%	97%	1%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	16.67%	10%	-7%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	6.98%	13%	6%
Quality Performance Measures Average	82%	90%	-8%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table D-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was lower than the average score across all PIHPs by 26 percentage points, suggesting an opportunity for improvement for the PIHP.

Table D-3—PIP Topic Assessing Quality			
PIP Topic	CMH for Central Michigan	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	61%	87%	-26%

Timeliness

Standards

Table D-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent for Performance Measurement and Improvement but not nearly as well for the two other standards, Utilization Management and Recipient Grievance Process. These two lower-scoring standards represent important opportunities for improvement for the PIHP, at 29 percentage points and 24 percentage points lower than the averages across all PIHPs, respectively. Overall, the PIHP scored 17 percentage points lower than the average across PIHPs for standards assessing timeliness.

Table D-4—Standards Assessing Timeliness			
Standards	CMH for Central Michigan	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	68%	97%	-29%
VII. Recipient Grievance Process	69%	93%	-24%
Timeliness Standards Average	79%	96%	-17%

Performance Measures

Table D-5 presents the individual performance measures used to assess timeliness. The table highlights the same two performance measures as opportunities for improvement that were highlighted in the discussion of Table D-2 (i.e., the percent of persons discharged from a psychiatric inpatient unit seen within 7 days, both for children and for adults), and also highlights the measure where the PIHP scored 100 percent. Overall, the PIHP scored 6 percentage points lower for the measures in the table than the average across all PIHPs.

Table D-5—Performance Measures Assessing Timeliness			
Performance Measures	CMH for Central Michigan	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	96.00%	98%	-2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	99.00%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	97.00%	96%	1%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	93.28%	92%	1%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	50.00%	86%	-36%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	69.05%	86%	-17%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Timeliness Performance Measures Average	86%	92%	-6%

Access

Standards

Table D-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent for Customer Service but only 68 percent for Utilization Management. Overall, the PIHP was lower than the average for all PIHPs by 14 percentage points.

Table D-6—Standards Assessing Access			
Standards	CMH for Central Michigan	Average Across PIHPs	Difference
V. Utilization Management	68%	97%	-29%
VI. Customer Service	100%	98%	2%
Access Standards Average	84%	98%	-14%

Performance Measures

Table D-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table D-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 6.95 percent and was approximately 1 percentage point higher than the average rate across all PIHPs.

Table D-7—Performance Measures Assessing Access			
Performance Measures	CMH for Central Michigan	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	96.00%	98%	-2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	99.00%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	97.00%	96%	1%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	93.28%	92%	1%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	50.00%	86%	-36%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	69.05%	86%	-17%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 5. Penetration rate.	6.95%	6%	1%
Access Performance Measures Average	86%	92%	-6%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table D-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table D-3. Again, the table shows an opportunity for improvement, as the PIHP scored 26 percentage points lower than the average across all PIHPs.

Table D-8—PIP Topic Assessing Access			
PIP Topic	CMH for Central Michigan	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	61%	87%	-26%

Appendix E. Results—CMH Partnership of Southeastern Michigan

Introduction

This appendix provides this PIHP's detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table E-1 presents the individual standards used to assess quality. The table shows that the PIHP's scores exceeded the average across all PIHPs for five of seven standards assessing quality. For Staff Qualifications and Training, the results show an opportunity for improvement due to the PIHP scoring 16 percentage points lower than the average across all PIHPs. Overall, the PIHP equaled the average for all PIHPs at 96 percent.

Table E-1—Standards Assessing Quality			
Standards	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	93%	97%	-4%
IV. Staff Qualifications and Training	83%	99%	-16%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	97%	91%	6%
Quality Standards Average	96%	96%	0%

Performance Measures

Table E-2 presents the individual performance measures used to assess quality. The table shows that the PIHP's overall score equaled the average score across all PIHPs. Nonetheless, the PIHP's rate for Habilitation Supports Waiver (HSW) was 11 percentage points lower than the average across all PIHPs, suggesting an opportunity for improvement.

Table E-2—Performance Measures Assessing Quality			
Performance Measures	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	92.00%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	87.00%	86%	1%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	98.00%	92%	6%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	85.60%	97%	-11%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	8.00%	10%	2%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	13.00%	13%	0%
Quality Performance Measures Average	90%	90%	0%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table E-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was 100 percent, exceeding the average score across PIHPs by 13 percentage points and suggesting an area of strength for the PIHP.

Table E-3—PIP Topic Assessing Quality			
PIP Topic	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	100%	87%	13%

Timeliness

Standards

Table E-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points.

Table E-4—Standards Assessing Timeliness			
Standards	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table E-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP's scores were higher than the average across PIHPs for all seven measures. The PIHP's overall score exceeded the average score across all PIHPs by 4 percentage points.

Table E-5—Performance Measures Assessing Timeliness			
Performance Measures	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	100%	96%	4%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	99.00%	96%	3%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	95.00%	92%	3%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	92.00%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	87.00%	86%	1%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	98.00%	92%	6%
Timeliness Performance Measures Average	96%	92%	4%

Access

Standards

Table E-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points.

Table E-6—Standards Assessing Access			
Standards	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table E-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table E-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 6.31 percent and was approximately equal to the average rate across all PIHPs

Table E-7—Performance Measures Assessing Access			
Performance Measures	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	100%	96%	4%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	99.00%	96%	3%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	95.00%	92%	3%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	92.00%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	87.00%	86%	1%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	98.00%	92%	6%
Indicator 5. Penetration rate.	6.31%	6%	0%
Access Performance Measures Average	96%	92%	4%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table E-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table E-3. The table shows that the PIHP’s PIP score was 100 percent, exceeding the average score across PIHPs by 13 percentage points and suggesting an area of strength for the PIHP.

Table E-8—PIP Topic Assessing Access			
PIP Topic	CMH Partnership of Southeastern Michigan	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	100%	87%	13%

Appendix F. Results—Detroit-Wayne County CMH Agency

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages. All notations of “NV” in the tables represent scores that were not valid.

Quality

Standards

Table F-1 presents the individual standards used to assess quality. The table shows that the PIHP scored lower than the average across all PIHPs for five of the seven relevant standards. Further, at least three of the standards were sufficiently lower than the average across PIHPs to suggest that they are important opportunities for improvement. The areas were Quality Assessment and Performance Improvement Plan and Structure, Customer Service, and Recipient Grievance Process, where the PIHP scored 21 percentage points, 36 percentage points, and 26 percentage points, lower than the average across PIHPs, respectively. The PIHP’s overall average was 14 percentage points lower than the average for all PIHPs.

Table F-1—Standards Assessing Quality			
Standards	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	77%	98%	-21%
II. Performance Measurement and Improvement	88%	99%	-11%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	62%	98%	-36%
VII. Recipient Grievance Process	67%	93%	-26%
VIII. Recipient Rights and Protections	81%	91%	-10%
Quality Standards Average	82%	96%	-14%

Performance Measures

Table F-2 presents the individual performance measures used to assess quality. The table shows that the PIHP has opportunities for improvement for both the children's and the adults' measures of the percent of persons discharged from a psychiatric inpatient unit seen within 7 days. The PIHP's scores were 17 percentage points and 14 percentage points, respectively, below the averages across all PIHPs. The overall PIHP's score was lower than the average score across all PIHPs by 4 percentage points.

Table F-2—Performance Measures Assessing Quality			
Performance Measures	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	68.67%	86%	-17%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	72.24%	86%	-14%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	98.84%	97%	2%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	11.24%	10%	-1%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	15.19%	13%	-2%
Quality Performance Measures Average	86%	90%	-4%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table F-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was lower than the average score across all PIHPs by 10 percentage points, suggesting an opportunity for improvement for the PIHP.

Table F-3—PIP Topic Assessing Quality			
PIP Topic	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	77%	87%	-10%

Timeliness

Standards

Table F-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored lower than the average across PIHPs for all three standards. The PIHP's score for Recipient Grievance Process particularly suggests an opportunity for improvement, at 26 percentage points lower than the average across all PIHPs. Overall, the PIHP's average score for standards assessing timeliness was 14 percentage points lower than the average across PIHPs.

Table F-4—Standards Assessing Timeliness			
Standards	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	88%	99%	-11%
V. Utilization Management	92%	97%	-5%
VII. Recipient Grievance Process	67%	93%	-26%
Timeliness Standards Average	82%	96%	-14%

Performance Measures

Table F-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP's scores were lower than the average across PIHPs for four of the five relevant measures. The greatest opportunity for improvement was seen for percent of emergency referrals completed within the time standard (adults), where the PIHP's score was 24 percentage points lower than the average across all PIHPs. Overall, the PIHP's score was 11 percentage points lower than the average across all PIHPs.

Table F-5—Performance Measures Assessing Timeliness			
Performance Measures	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	93.58%	98%	-4%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	71.78%	96%	-24%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	NV	96%	NV
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	NV	92%	NV
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	68.67%	86%	-17%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	72.24%	86%	-14%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Timeliness Performance Measures Average	81%	92%	-11%

Access

Standards

Table F-6 presents the individual standards used to assess access. The table shows that the PIHP scored lower on both standards than the average across all PIHPs. The PIHP's score for Customer Services strongly suggests an opportunity for improvement, being 36 percentage points lower than the average across all PIHPs. Overall, the PIHP's average score was lower than the average for all PIHPs by 21 percentage points.

Table F-6—Standards Assessing Access			
Standards	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
V. Utilization Management	92%	97%	-5%
VI. Customer Service	62%	98%	-36%
Access Standards Average	77%	98%	-21%

Performance Measures

Table F-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table F-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 4.61 percent and was approximately 1 percentage point lower than the average rate across all PIHPs.

Table F-7—Performance Measures Assessing Access			
Performance Measures	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	93.58%	98%	-4%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	71.78%	96%	-24%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	NV	96%	NV
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	NV	92%	NV
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	68.67%	86%	-17%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	72.24%	86%	-14%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 5. Penetration rate.	4.61%	6%	-1%
Access Performance Measures Average	81%	92%	-11%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table F-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table F-3. Again, the table shows an opportunity for improvement, as the PIHP scored 10 percentage points lower than the average across all PIHPs.

Table F-8—PIP Topic Assessing Access			
PIP Topic	Detroit-Wayne County CMH Agency	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	77%	87%	-10%

Introduction

This appendix provides this PIHP's detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table G-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for all seven standards assessing quality. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, the maximum possible and indicating that this area is one of strength for the PIHP.

Table G-1—Standards Assessing Quality			
Standards	Genesee County CMH	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	100%	91%	9%
Quality Standards Average	100%	96%	4%

Performance Measures

Table G-2 presents the individual performance measures used to assess quality. The table shows mixed success for the PIHP relative to the average scores across all PIHPs. The PIHP's scores were higher than the average across PIHPs for three measures, equal for one, and lower for two. Both of the measures where the PIHP scored lower than the average across PIHPs were targeted at children's health. Overall, the PIHP's average score was 2 percentage points lower than the average across all PIHPs.

Table G-2—Performance Measures Assessing Quality			
Performance Measures	Genesee County CMH	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	83.33%	86%	-3%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	87.74%	86%	2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	92.31%	92%	0%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	97.76%	97%	1%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	18.75%	10%	-9%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	11.48%	13%	2%
Quality Performance Measures Average	88%	90%	-2%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table G-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was higher than the average score across all PIHPs by 3 percentage points.

Table G-3—PIP Topic Assessing Quality			
PIP Topic	Genesee County CMH	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	90%	87%	3%

Timeliness

Standards

Table G-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, indicating an area of strength for the PIHP.

Table G-4—Standards Assessing Timeliness			
Standards	Genesee County CMH	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table G-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP scored within a few percentage points of the average across all PIHPs for all measures except percent of persons who started service within 14 calendar days of assessment. The results for this measure suggest a potential opportunity for improvement for the PIHP, due to it scoring 8 percentage points lower than the average across all PIHPs. Overall, the PIHP's score was 1 percentage point lower than the average score across all PIHPs.

Table G-5—Performance Measures Assessing Timeliness			
Performance Measures	Genesee County CMH	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	98.00%	98%	0%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	96.00%	96%	0%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	98.05%	96%	2%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	84.18%	92%	-8%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	83.33%	86%	-3%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	87.74%	86%	2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	92.31%	92%	0%
Timeliness Performance Measures Average	91%	92%	-1%

Access

Standards

Table G-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points.

Table G-6—Standards Assessing Access			
Standards	Genesee County CMH	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table G-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table G-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 4.85 percent and was approximately 1 percentage point lower than the average rate across all PIHPs.

Table G-7—Performance Measures Assessing Access			
Performance Measures	Genesee County CMH	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	98.00%	98%	0%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	96.00%	96%	0%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	98.05%	96%	2%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	84.18%	92%	-8%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	83.33%	86%	-3%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	87.74%	86%	2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	92.31%	92%	0%
Indicator 5. Penetration rate.	4.85%	6%	-1%
Access Performance Measures Average	91%	92%	-1%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table G-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table G-3. Again, the table shows that the PIHP’s PIP score was higher than the average score across all PIHPs by 3 percentage points.

Table G-8—PIP Topic Assessing Access			
PIP Topic	Genesee County CMH	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	90%	87%	3%

Appendix H. Results—Lakeshore Behavioral Health Alliance

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages. All notations of “NV” in the tables represent scores that were not valid.

Quality

Standards

Table H-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for six of the seven standards assessing quality. Only Recipient Rights and Protections scored lower than 100 percent, at 92 percent, but still exceeded the average across all PIHPs by 1 percentage point. Overall, the PIHP exceeded the average for all PIHPs by 3 percentage points.

Table H-1—Standards Assessing Quality			
Standards	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	92%	91%	1%
Quality Standards Average	99%	96%	3%

Performance Measures

Table H-2 presents the individual performance measures used to assess quality. The table shows mixed success for the PIHP relative to the average scores across all PIHPs. The PIHP’s scores were higher than the average across PIHPs for four measures and lower for two. Yet, one of the measures where the PIHP scored lower (percent of persons discharged from a substance abuse/detox unit seen within 7 days) was lower by 17 percentage points, suggesting an opportunity for improvement for the PIHP. Overall, the PIHP’s average score was equal to the average across all PIHPs.

Table H-2—Performance Measures Assessing Quality			
Performance Measures	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	87.50%	86%	2%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	95.12%	86%	9%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	75.00%	92%	-17%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	98.69%	97%	2%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	13.33%	10%	-3%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	4.17%	13%	9%
Quality Performance Measures Average	90%	90%	0%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table H-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was higher than the average score across all PIHPs by 7 percentage points.

Table H-3—PIP Topic Assessing Quality			
PIP Topic	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	94%	87%	7%

Timeliness

Standards

Table H-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, the maximum possible and indicating an area of strength for the PIHP.

Table H-4—Standards Assessing Timeliness			
Standards	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table H-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP's scores exceeded the average scores across all PIHPs for all measures except for percent of persons discharged from a substance abuse/detox unit seen within 7 days. The results for this measure suggest an opportunity for improvement for the PIHP, due to a score that was 17 percentage points lower than the average across all PIHPs. Overall, however, the PIHP's average score was 1 percentage point higher than the average score across all PIHPs.

Table H-5—Performance Measures Assessing Timeliness			
Performance Measures	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.00%	96%	2%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	98.57%	96%	3%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	95.51%	92%	4%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	87.50%	86%	2%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	95.12%	86%	9%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	75.00%	92%	-17%
Timeliness Performance Measures Average	93%	92%	1%

Access

Standards

Table H-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table H-6—Standards Assessing Access			
Standards	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table H-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table H-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was not valid for the PIHP but it averaged 6 percent across all PIHPs.

Table H-7—Performance Measures Assessing Access			
Performance Measures	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.00%	96%	2%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	98.57%	96%	3%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	95.51%	92%	4%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	87.50%	86%	2%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	95.12%	86%	9%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	75.00%	92%	-17%
Indicator 5. Penetration rate.	NV	6%	NV
Access Performance Measures Average	93%	92%	1%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table H-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table H-3. Again, the table shows that the PIHP’s PIP score was higher than the average score across all PIHPs by 7 percentage points.

Table H-8—PIP Topic Assessing Access			
PIP Topic	Lakeshore Behavioral Health Alliance	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	94%	87%	7%

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table I-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for all seven standards assessing quality. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, indicating that this area is one of strength for the PIHP.

Table I-1—Standards Assessing Quality			
Standards	LifeWays	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	100%	91%	9%
Quality Standards Average	100%	96%	4%

Performance Measures

Table I-2 presents the individual performance measures used to assess quality. The table shows mixed success for the PIHP relative to the average scores across all PIHPs. The PIHP’s scores were higher than the average across PIHPs for three measures and lower for three. Overall, however, the PIHP’s average score was 2 percentage points higher than the average across all PIHPs.

Table I-2—Performance Measures Assessing Quality

Performance Measures	LifeWays	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	78.95%	86%	-7%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	93.33%	86%	7%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	94.78%	97%	-2%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	0.00%	10%	10%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	15.15%	13%	-2%
Quality Performance Measures Average	92%	90%	2%

Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.

PIP Topic

Table I-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was lower than the average score across all PIHPs by 8 percentage points, suggesting an opportunity for improvement for the PIHP.

Table I-3—PIP Topic Assessing Quality

PIP Topic	LifeWays	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	79%	87%	-8%

Timeliness

Standards

Table I-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, indicating an area of strength for the PIHP.

Table I-4—Standards Assessing Timeliness			
Standards	LifeWays	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table I-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP scored somewhat higher overall than the averages across all PIHPs, scoring higher for four measures and lower for three. The PIHP's average score was 2 percentage points higher than the average score across all PIHPs.

Table I-5—Performance Measures Assessing Timeliness			
Performance Measures	LifeWays	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	95.24%	98%	-3%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	97.41%	96%	1%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	94.44%	96%	-2%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	100%	92%	8%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	78.95%	86%	-7%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	93.33%	86%	7%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Timeliness Performance Measures Average	94%	92%	2%

Access

Standards

Table I-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table I-6—Standards Assessing Access			
Standards	LifeWays	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table I-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table I-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 5.56 percent and was equal to the average rate across all PIHPs.

Table I-7—Performance Measures Assessing Access			
Performance Measures	LifeWays	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	95.24%	98%	-3%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	97.41%	96%	1%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	94.44%	96%	-2%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	100%	92%	8%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	78.95%	86%	-7%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	93.33%	86%	7%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 5. Penetration rate.	5.56%	6%	0%
Access Performance Measures Average	94%	92%	2%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table I-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table I-3. Again, the table shows that the PIHP’s PIP score was lower than the average score across all PIHPs by 8 percentage points, suggesting an opportunity for improvement.

Table I-8—PIP Topic Assessing Access			
PIP Topic	LifeWays	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	79%	87%	-8%

Appendix J. Results—Macomb County CMH Services

Introduction

This appendix provides this PIHP's detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table J-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for five of the seven standards assessing quality. Quality Assessment and Performance Improvement Plan and Structure scored lower than the average across all PIHPs by 3 percentage points, and Recipient Rights and Protections scored higher than the average across all PIHPs by 6 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 3 percentage points.

Table J-1—Standards Assessing Quality			
Standards	Macomb County CMH Services	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	95%	98%	-3%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	97%	91%	6%
Quality Standards Average	99%	96%	3%

Performance Measures

Table J-2 presents the individual performance measures used to assess quality. The table shows that the PIHP scored lower than the averages across all PIHPs for four of the six measures. In particular, the PIHP's score of 42.61 percent for the measure assessing the percentage of persons discharged from a psychiatric inpatient unit seen within 7 days (adults) was lower than the average score across all PIHPs by 43 percentage points, and it represents an opportunity for improvement. Additionally, the analogous measure for children scored below the average across all PIHPs by 13 percentage

points, suggesting an additional opportunity for improvement. Overall, the PIHP's average score was 9 percentage points lower than the average across all PIHPs.

Table J-2—Performance Measures Assessing Quality

Performance Measures	Macomb County CMH Services	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	73.08%	86%	-13%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	42.61%	86%	-43%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	99.36%	97%	2%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	11.11%	10%	-1%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	18.03%	13%	-5%
Quality Performance Measures Average	81%	90%	-9%

Note: Indicators 12a and 12b are 'backwards' indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the 'difference' scores were reversed to be consistent with the other measures.

PIP Topic

Table J-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's 100 percent score for the PIP topic was higher than the average score across all PIHPs by 13 percentage points and suggests an area of strength for the PIHP.

Table J-3—PIP Topic Assessing Quality

PIP Topic	Macomb County CMH Services	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	100%	87%	13%

Timeliness

Standards

Table J-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, indicating an area of strength for the PIHP.

Table J-4—Standards Assessing Timeliness			
Standards	Macomb County CMH Services	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table J-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP has the same opportunity for improvement highlighted as was shown in Table J-2 (i.e., percent of persons discharged from a psychiatric inpatient unit seen within 7 days—adults and children). Overall, the PIHP's score was 5 percentage points lower than the average score across all PIHPs.

Table J-5—Performance Measures Assessing Timeliness			
Performance Measures	Macomb County CMH Services	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	100%	96%	4%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	95.86%	96%	0%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	95.15%	92%	3%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	73.08%	86%	-13%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	42.61%	86%	-43%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Timeliness Performance Measures Average	87%	92%	-5%

Access

Standards

Table J-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points.

Table J-6—Standards Assessing Access			
Standards	Macomb County CMH Services	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table J-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table J-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 5.11 percent and was approximately 1 percentage points lower than the average rate across all PIHPs.

Table J-7—Performance Measures Assessing Access			
Performance Measures	Macomb County CMH Services	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	100%	96%	4%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	95.86%	96%	0%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	95.15%	92%	3%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	73.08%	86%	-13%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	42.61%	86%	-43%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 5. Penetration rate.	5.11%	6%	-1%
Access Performance Measures Average	87%	92%	-5%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table J-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table J-3. Again, the table shows that the PIHP’s 100 percent score for the PIP topic was higher than the average score across all PIHPs by 13 percentage points and suggests an area of strength for the PIHP.

Table J-8—PIP Topic Assessing Access			
PIP Topic	Macomb County CMH Services	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	100%	87%	13%

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table K-1 scored 100 percent for four of the seven standards assessing quality. All three standards scoring lower than 100 percent also scored lower than the average across all PIHPs. Two standards represent opportunities for improvement. The standards are Practice Guidelines and Recipient Rights and Protections, where the PIHP scored 27 percentage points and 22 percentage points, respectively, lower than the average scores across all PIHPs. Overall, the PIHP scored lower than the average for all PIHPs by 7 percentage points.

Table K-1—Standards Assessing Quality			
Standards	network180	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	70%	97%	-27%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	85%	93%	-8%
VIII. Recipient Rights and Protections	69%	91%	-22%
Quality Standards Average	89%	96%	-7%

Performance Measures

Table K-2 presents the individual performance measures used to assess quality. The table shows mixed success for the PIHP relative to the average scores across all PIHPs. The PIHP’s scores were higher than the average across PIHPs for two measures, equal for one, and lower for three. One indicator (i.e., percent of persons discharged from a substance abuse/detox unit seen within 7 days) represents an opportunity for improvement by scoring 21 percentage points lower than the average

across all PIHPs. Overall, the PIHP's average score was 2 percentage points lower than the average across all PIHPs.

Table K-2—Performance Measures Assessing Quality			
Performance Measures	network180	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	96.30%	86%	10%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	92.05%	86%	6%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	71.43%	92%	-21%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	96.82%	97%	0%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	11.76%	10%	-2%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	19.79%	13%	-7%
Quality Performance Measures Average	88%	90%	-2%
Note: Indicators 12a and 12b are 'backwards' indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the 'difference' scores were reversed to be consistent with the other measures.			

PIP Topic

Table K-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was higher than the average score across all PIHPs by 3 percentage points.

Table K-3—PIP Topic Assessing Quality			
PIP Topic	network180	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	90%	87%	3%

Timeliness

Standards

Table K-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored somewhat lower than the average across all PIHPs. The PIHP's overall average score was 2 percentage points lower than the average for all PIHPs.

Table K-4—Standards Assessing Timeliness			
Standards	network180	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	96%	97%	-1%
VII. Recipient Grievance Process	85%	93%	-8%
Timeliness Standards Average	94%	96%	-2%

Performance Measures

Table K-5 presents the individual performance measures used to assess timeliness. The table shows mixed results for the PIHP, which scored lower than the average across PIHPs for four measures and higher for three. Nonetheless, the results for two of the lower-scoring measures suggest they are opportunities for improvement. These measures are the percent of persons who started service within 14 calendar days of assessment, and the percent of persons discharged from a substance abuse/detox unit seen within 7 days, scoring 15 percentage points and 21 percentage points, respectively, lower than the average scores across all PIHPs. Overall, the PIHP's score was 3 percentage points lower than the average score across all PIHPs.

Table K-5—Performance Measures Assessing Timeliness			
Performance Measures	network180	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	95.31%	98%	-3%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	95.31%	96%	-1%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	97.59%	96%	2%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	77.10%	92%	-15%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	96.30%	86%	10%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	92.05%	86%	6%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	71.43%	92%	-21%
Timeliness Performance Measures Average	89%	92%	-3%

Access

Standards

Table K-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent for one of the standards and 96 percent for the other. Overall, the PIHP equaled the average for all PIHPs.

Table K-6—Standards Assessing Access			
Standards	network180	Average Across PIHPs	Difference
V. Utilization Management	96%	97%	-1%
VI. Customer Service	100%	98%	2%
Access Standards Average	98%	98%	0%

Performance Measures

Table K-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table K-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 4.59 percent and was approximately 1 percentage point lower than the average rate across all PIHPs

Table K-7—Performance Measures Assessing Access			
Performance Measures	network180	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	95.31%	98%	-3%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	95.31%	96%	-1%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	97.59%	96%	2%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	77.10%	92%	-15%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	96.30%	86%	10%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	92.05%	86%	6%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	71.43%	92%	-21%
Indicator 5. Penetration rate.	4.59%	6%	-1%
Access Performance Measures Average	89%	92%	-3%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table K-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table K-3. Again, the table shows that the PIHP’s PIP score was higher than the average score across all PIHPs by 3 percentage points.

Table K-8—PIP Topic Assessing Access			
PIP Topic	network180	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	90%	87%	3%

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table L-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for five of the seven standards. The scores for the two not scoring 100 percent approximated the scores for the overall averages across PIHPs. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points.

Table L-1—Standards Assessing Quality			
Standards	NorthCare	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	94%	93%	1%
VIII. Recipient Rights and Protections	91%	91%	0%
Quality Standards Average	98%	96%	2%

Performance Measures

Table L-2 presents the individual performance measures used to assess quality. The table shows that the PIHP’s scores exceeded the average scores across all PIHPs for five of the six measures. One measure in particular (i.e., percent of persons discharged from a psychiatric inpatient unit seen within 7 days—children) scored 100 percent and exceeded the average across all PIHPs by 14 percentage points. Overall, the PIHP’s average score was 3 percentage points higher than the average across all PIHPs.

Table L-2—Performance Measures Assessing Quality

Performance Measures	NorthCare	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	93.50%	86%	8%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	93.50%	92%	2%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	99.45%	97%	2%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	8.70%	10%	1%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	20.90%	13%	-8%
Quality Performance Measures Average	93%	90%	3%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table L-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was 100 percent, exceeding the average score across PIHPs by 13 percentage points and suggesting an area of strength for the PIHP.

Table L-3—PIP Topic Assessing Quality

PIP Topic	NorthCare	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	100%	87%	13%

Timeliness

Standards

Table L-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent for two of the three standards and one percentage point above the average across all PIHPs for the third standard. Overall, the PIHP exceeded the average for all PIHPs by two percentage points.

Table L-4—Standards Assessing Timeliness			
Standards	NorthCare	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	94%	93%	1%
Timeliness Standards Average	98%	96%	2%

Performance Measures

Table L-5 presents the individual performance measures used to assess timeliness. The table shows that the measure assessing percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children) suggests a strength for the PIHP, due to it scoring 14 percentage points higher than the average across all PIHPs. Overall, the PIHP's score was 4 percentage points higher than the average score across all PIHPs

Table L-5—Performance Measures Assessing Timeliness			
Performance Measures	NorthCare	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	98.80%	98%	1%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.80%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	94.80%	96%	-1%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	92.70%	92%	1%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	93.50%	86%	8%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	93.50%	92%	2%
Timeliness Performance Measures Average	96%	92%	4%

Access

Standards

Table L-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points.

Table L-6—Standards Assessing Access			
Standards	NorthCare	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table L-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table L-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 6.12 percent and was approximately equal to the average rate across all PIHPs.

Table L-7—Performance Measures Assessing Access			
Performance Measures	NorthCare	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	98.80%	98%	1%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.80%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	94.80%	96%	-1%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	92.70%	92%	1%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	93.50%	86%	8%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	93.50%	92%	2%
Indicator 5. Penetration rate.	6.12%	6%	0%
Access Performance Measures Average	96%	92%	4%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table L-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table L-3. Again, the table shows that the PIHP’s PIP score was 100 percent, exceeding the average score across PIHPs by 13 percentage points and suggesting an area of strength for the PIHP.

Table L-8—PIP Topic Assessing Access			
PIP Topic	NorthCare	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	100%	87%	13%

Introduction

This appendix provides this PIHP's detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table M-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for four of the seven standards assessing quality. The table suggests that Recipient Rights and Protections is an opportunity for improvement, scoring 12 percentage points lower than the average across all PIHPs. Overall, the PIHP's average score was 1 percentage point lower than the average for all PIHPs.

Standards	Northern Affiliation	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	90%	97%	-7%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	94%	93%	1%
VIII. Recipient Rights and Protections	79%	91%	-12%
Quality Standards Average	95%	96%	-1%

Performance Measures

Table M-2 presents the individual performance measures used to assess quality. The table shows that the PIHP generally scored well compared to the average scores across all PIHPs for each of the measures. An exception, however, can be found in the percent of persons discharged from a substance abuse/detox unit seen within 7 days, where the PIHP scored 17 percentage points lower than the average across all PIHPs. This measure can be seen as an opportunity for improvement. Overall, however, the PIHP's average score was 4 percentage points higher than the average across all PIHPs.

Table M-2—Performance Measures Assessing Quality			
Performance Measures	Northern Affiliation	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	100%	86%	14%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	75.00%	92%	-17%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	98.14%	97%	1%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	0.00%	10%	10%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	10.00%	13%	3%
Quality Performance Measures Average	94%	90%	4%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table M-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was lower than the average score across all PIHPs by 1 percentage point.

Table M-3—PIP Topic Assessing Quality			
PIP Topic	Northern Affiliation	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	86%	87%	-1%

Timeliness

Standards

Table M-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on the first standard, was 9 percentage points lower than the average across all PIHPs for the second standard, and was 1 percentage point higher than the average across all PIHPs for the third standard. Overall, the PIHP's average score was 2 percentage points lower than the overall average for all PIHPs.

Table M-4—Standards Assessing Timeliness			
Standards	Northern Affiliation	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	88%	97%	-9%
VII. Recipient Grievance Process	94%	93%	1%
Timeliness Standards Average	94%	96%	-2%

Performance Measures

Table M-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP scored both substantially higher and substantially lower than the average across all PIHPs for the selected measures. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), and percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults), both averaged 14 percentage points higher than the average across all PIHPs. Percent of persons discharged from a substance abuse/detox unit seen within 7 days, however, represents an opportunity for improvement given its score of 17 percentage points lower than the average across all PIHPs. Overall, the PIHP's score was 3 percentage points higher than the average score across all PIHPs.

Table M-5—Performance Measures Assessing Timeliness			
Performance Measures	Northern Affiliation	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.00%	96%	2%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	98.46%	96%	2%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	93.85%	92%	2%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	100%	86%	14%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	75.00%	92%	-17%
Timeliness Performance Measures Average	95%	92%	3%

Access

Standards

Table M-6 presents the individual standards used to assess access. The table shows that the PIHP scored 88 percent for the first standard and 100 percent for the second standard. Overall, the PIHP's average score was 4 percentage points lower than the average for all PIHPs.

Table M-6—Standards Assessing Access			
Standards	Northern Affiliation	Average Across PIHPs	Difference
V. Utilization Management	88%	97%	-9%
VI. Customer Service	100%	98%	2%
Access Standards Average	94%	98%	-4%

Performance Measures

Table M-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table M-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators conceptually assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 5.99 percent and was approximately equal to the average rate across all PIHPs.

Table M-7—Performance Measures Assessing Access			
Performance Measures	Northern Affiliation	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.00%	96%	2%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	98.46%	96%	2%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	93.85%	92%	2%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	100%	86%	14%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	75.00%	92%	-17%
Indicator 5. Penetration rate.	5.99%	6%	0%
Access Performance Measures Average	95%	92%	3%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table M-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table M-3. Again, the table shows that the PIHP’s PIP score was lower than the average score across all PIHPs by 1 percentage point.

Table M-8—PIP Topic Assessing Access			
PIP Topic	Northern Affiliation	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	86%	87%	-1%

Appendix N. Results—Northwest CMH Affiliation

Introduction

This appendix provides this PIHP's detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table N-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for six of the seven standards assessing quality. Overall, the PIHP exceeded the average for all PIHPs by 3 percentage points.

Table N-1—Standards Assessing Quality			
Standards	Northwest CMH Affiliation	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	94%	91%	3%
Quality Standards Average	99%	96%	3%

Performance Measures

Table N-2 presents the individual performance measures used to assess quality. The table shows mixed success for the PIHP relative to the average scores across all PIHPs. The PIHP's scores were higher than the average across PIHPs for three measures and lower for three. The measure on percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children) can be seen as an opportunity for improvement, having scored 11 percentage points lower than the average across all PIHPs. Overall, the PIHP's average score was 1 percentage point higher than the average across all PIHPs.

Table N-2—Performance Measures Assessing Quality			
Performance Measures	Northwest CMH Affiliation	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	75.00%	86%	-11%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	83.67%	86%	-2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	96.13%	97%	-1%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	4.76%	10%	5%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	5.17%	13%	8%
Quality Performance Measures Average	91%	90%	1%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table N-3 presents the statewide PIP topic, which was related to quality. The table shows an opportunity for improvement for the PIHP's PIP topic, which scored 16 percentage points lower than the average across all PIHPs.

Table N-3—PIP Topic Assessing Quality			
PIP Topic	Northwest CMH Affiliation	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	71%	87%	-16%

Timeliness

Standards

Table N-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, indicating an area of strength for the PIHP.

Table N-4—Standards Assessing Timeliness			
Standards	Northwest CMH Affiliation	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table N-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP scored equivalent to or within a few percentage points of the average across all PIHPs for all measures except on percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children), and percent of persons discharged from a substance abuse/detox unit seen within 7 days. The result for the first of these two measures suggests an opportunity for improvement, with a score that was 11 percentage points lower than the average across all PIHPs. The result for the second suggest an area of strength, with a score of 100 percent that was 8 percentage points higher than the average across all PIHPs. Overall, the PIHP's score was 1 percentage point lower than the average score across all PIHPs.

Table N-5—Performance Measures Assessing Timeliness			
Performance Measures	Northwest CMH Affiliation	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	95.00%	98%	-3%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	96.00%	96%	0%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	96.34%	96%	0%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	91.57%	92%	0%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	75.00%	86%	-11%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	83.67%	86%	-2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Timeliness Performance Measures Average	91%	92%	-1%

Access

Standards

Table N-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table N-6—Standards Assessing Access			
Standards	Northwest CMH Affiliation	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table N-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table N-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators conceptually assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 6.36 percent and was approximately equal to the average rate across all PIHPs

Table N-7—Performance Measures Assessing Access			
Performance Measures	Northwest CMH Affiliation	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	95.00%	98%	-3%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	96.00%	96%	0%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	96.34%	96%	0%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	91.57%	92%	0%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	75.00%	86%	-11%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	83.67%	86%	-2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 5. Penetration rate.	6.36%	6%	0%
Access Performance Measures Average	91%	92%	-1%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table N-8 presented earlier in Table N-3. Again, the table shows an opportunity for improvement for the PIHP’s PIP topic, scoring 16 percentage points lower than the average across all PIHPs.

Table N-8—PIP Topic Assessing Access			
PIP Topic	Northwest CMH Affiliation	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	71%	87%	-16%

Appendix O. Results—Oakland County CMH Authority

Introduction

This appendix provides this PIHP's detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table O-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for six of the seven standards assessing quality and 1 percentage point higher than the average across all PIHPs for the seventh standard. Overall, the PIHP exceeded the average for all PIHPs by 3 percentage points.

Table O-1—Standards Assessing Quality			
Standards	Oakland County CMH Authority	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	92%	91%	1%
Quality Standards Average	99%	96%	3%

Performance Measures

Table O-2 presents the individual performance measures used to assess quality. The table shows mixed but mostly successful results for the PIHP relative to the average scores across all PIHPs. Two measures in particular stand out as potential strengths for the PIHP: percent of persons discharged from a psychiatric inpatient unit seen within 7 days (both children and adults), exceeding the average across all PIHPs by 14 percentage points and by 12 percentage points, respectively. The PIHP's overall score exceeded the average across all PIHPs for all measures by 4 percentage points.

Table O-2—Performance Measures Assessing Quality

Performance Measures	Oakland County CMH Authority	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	98.21%	86%	12%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	94.44%	92%	2%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	99.08%	97%	2%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	13.16%	10%	-3%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	16.67%	13%	-4%
Quality Performance Measures Average	94%	90%	4%

Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.

PIP Topic

Table O-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was higher than the average score across all PIHPs by 5 percentage points.

Table O-3—PIP Topic Assessing Quality

PIP Topic	Oakland County CMH Authority	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	92%	87%	5%

Timeliness

Standards

Table O-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, indicating an area of strength for the PIHP.

Table O-4—Standards Assessing Timeliness			
Standards	Oakland County CMH Authority	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table O-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP's scores exceeded the average scores across all PIHPs for six of the seven measures. Scoring 100 percent, the measure on percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children) is seen as an area of strength, exceeding the average across all PIHPs by 14 percentage points. Additionally, for the analogous measure for adults, the PIHP's score exceeded the average score across all PIHPs by 12 percentage points. Overall, the PIHP's score was 5 percentage points higher than the average score across all PIHPs.

Table O-5—Performance Measures Assessing Timeliness			
Performance Measures	Oakland County CMH Authority	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	99.10%	98%	1%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	94.07%	96%	-2%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	100%	96%	4%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	93.63%	92%	2%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	98.21%	86%	12%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	94.44%	92%	2%
Timeliness Performance Measures Average	97%	92%	5%

Access

Standards

Table O-6 scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table O-6—Standards Assessing Access			
Standards	Oakland County CMH Authority	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table O-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table O-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators conceptually assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 7.44 percent and was approximately 1 percentage point higher than the average rate across all PIHPs.

Table O-7—Performance Measures Assessing Access			
Performance Measures	Oakland County CMH Authority	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	99.10%	98%	1%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	94.07%	96%	-2%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	100%	96%	4%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	93.63%	92%	2%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	100%	86%	14%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	98.21%	86%	12%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	94.44%	92%	2%
Indicator 5. Penetration rate.	7.44%	6%	1%
Access Performance Measures Average	97%	92%	5%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table O-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table O-3. Again, the table shows that the PIHP’s PIP score was higher than the average score across all PIHPs by 5 percentage points.

Table O-8—PIP Topic Assessing Access			
PIP Topic	Oakland County CMH Authority	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	92%	87%	5%

Appendix P. Results—Saginaw County CMH Authority

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages. All notations of “NV” in the tables represent scores that were not valid.

Quality

Standards

Table P-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for five of the seven standards assessing quality. The score that most strongly suggests an opportunity for improvement is for Recipient Grievance Process. For this measure, the PIHP received a score of 69 percent, which was 24 percentage points lower than the average across all PIHPs. Overall, the PIHP’s average score was 2 percentage points lower than the average for all PIHPs.

Table P-1—Standards Assessing Quality			
Standards	Saginaw County CMH Authority	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	69%	93%	-24%
VIII. Recipient Rights and Protections	88%	91%	-3%
Quality Standards Average	94%	96%	-2%

Performance Measures

Table P-2 presents the individual performance measures used to assess quality. The table shows mixed success for the PIHP relative to the average scores across all PIHPs where valid comparisons can be made. Overall, the PIHP’s average score was equal to the average across all PIHPs.

Table P-2—Performance Measures Assessing Quality

Performance Measures	Saginaw County CMH Authority	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	NV	86%	NV
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	NV	86%	NV
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	NV	92%	NV
Indicator 8. Habilitation Supports Waiver (HSW) rate.	98.26%	97%	1%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	9.09%	10%	1%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	17.94%	13%	-5%
Quality Performance Measures Average	90%	90%	0%

Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.

PIP Topic

Table P-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was higher than the average score across all PIHPs by 3 percentage points.

Table P-3—PIP Topic Assessing Quality

PIP Topic	Saginaw County CMH Authority	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	90%	87%	3%

Timeliness

Standards

Table P-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on two of the three standards. For the third standard, Recipient Grievance Process, the PIHP's score strongly suggests an opportunity for improvement, being 24 percentage points lower than the average across all PIHPs. Overall, the PIHP's average score was 6 percentage points lower than the average for all PIHPs.

Table P-4—Standards Assessing Timeliness			
Standards	Saginaw County CMH Authority	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	69%	93%	-24%
Timeliness Standards Average	90%	96%	-6%

Performance Measures

Table P-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP substantially lower—by 12 percentage points— for the measure on percent of persons receiving an initial assessment within 14 calendar days of first request than the average across PIHPs, suggesting an opportunity for improvement for the PIHP. Overall, the PIHP's score was equal to the average score across all PIHPs

Table P-5—Performance Measures Assessing Timeliness			
Performance Measures	Saginaw County CMH Authority	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.00%	96%	2%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	84.00%	96%	-12%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	84.37%	92%	-8%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	NV	86%	NV
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	NV	86%	NV
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	NV	92%	NV
Timeliness Performance Measures Average	92%	92%	0%

Access

Standards

Table P-6 scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table P-6—Standards Assessing Access			
Standards	Saginaw County CMH Authority	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table P-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table P-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 4.01 percent and was approximately 2 percentage points lower than the average rate across all PIHPs.

Table P-7—Performance Measures Assessing Access			
Performance Measures	Saginaw County CMH Authority	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	98.00%	96%	2%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	84.00%	96%	-12%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	84.37%	92%	-8%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	NV	86%	NV
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	NV	86%	NV
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	NV	92%	NV
Indicator 5. Penetration rate.	4.01%	6%	-2%
Access Performance Measures Average	92%	92%	0%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table P-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table P-3. Again, the table shows that the PIHP’s PIP score was higher than the average score across all PIHPs by 3 percentage points.

Table P-8—PIP Topic Assessing Access			
PIP Topic	Saginaw County CMH Authority	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	90%	87%	3%

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table Q-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for six of the seven standards assessing quality. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points.

Table Q-1—Standards Assessing Quality			
Standards	Southwest Affiliation	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	89%	91%	-2%
Quality Standards Average	98%	96%	2%

Performance Measures

Table Q-2 presents the individual performance measures used to assess quality. The table shows mixed results for the PIHP relative to the average scores across all PIHPs. The PIHP’s scores were higher than the average across PIPHS for two measures and lower for four. Importantly, the score for percent of discharges readmitted to inpatient care within 30 days of discharge (children) strongly suggests an opportunity for improvement, being 43 percentage points lower than the average score across all PIPHS. For two of the measures (i.e., percent of persons discharged from a psychiatric inpatient unit seen within 7 days for children and percent of persons discharged from a substance abuse/detox unit seen within 7 days), the PIHP’s scores were 8 percentage points higher than the

averages across all PIHPs, suggesting areas of strength for the PIHP. Overall, however, the PIHP's average score was six percentage points lower than the average across all PIHPs.

Table Q-2—Performance Measures Assessing Quality			
Performance Measures	Southwest Affiliation	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	93.80%	86%	8%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	83.80%	86%	-2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	96.06%	97%	-1%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	52.60%	10%	-43%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	17.50%	13%	-5%
Quality Performance Measures Average	84%	90%	-6%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table Q-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was higher than the average score across all PIHPs by 8 percentage points.

Table Q-3—PIP Topic Assessing Quality			
PIP Topic	Southwest Affiliation	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	95%	87%	8%

Timeliness

Standards

Table Q-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, the maximum possible and indicating an area of strength for the PIHP.

Table Q-4—Standards Assessing Timeliness			
Standards	Southwest Affiliation	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table Q-5 presents the individual performance measures used to assess timeliness. The table shows that the PIHP essentially scored at the average or higher than the averages across all PIHPs for all measures but one. Overall, the PIHP's score was 3 percentage points higher than the average score across all PIHPs.

Table Q-5—Performance Measures Assessing Timeliness			
Performance Measures	Southwest Affiliation	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	98.00%	98%	0%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	96.90%	96%	1%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	99.60%	96%	4%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	96.00%	92%	4%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	93.80%	86%	8%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	83.80%	86%	-2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Timeliness Performance Measures Average	95%	92%	3%

Access

Standards

Table Q-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table Q-6—Standards Assessing Access			
Standards	Southwest Affiliation	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table Q-7 (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators conceptually assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 6.51 percent and was approximately 1 percentage point higher than the average rate across all PIHPs.

Table Q-7—Performance Measures Assessing Access			
Performance Measures	Southwest Affiliation	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	98.00%	98%	0%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	96.90%	96%	1%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	99.60%	96%	4%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	96.00%	92%	4%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	93.80%	86%	8%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	83.80%	86%	-2%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 5. Penetration rate.	6.51%	6%	1%
Access Performance Measures Average	95%	92%	3%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table Q-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table Q-3. Again, the table shows that the PIHP’s PIP score was higher than the average score across all PIHPs by 8 percentage points.

Table Q-8—PIP Topic Assessing Access			
PIP Topic	Southwest Affiliation	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	95%	87%	8%

Introduction

This appendix provides this PIHP's detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table R-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for all seven standards assessing quality. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, the maximum possible and indicating that this area is one of strength for the PIHP.

Table R-1—Standards Assessing Quality			
Standards	Thumb Alliance PIHP	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	100%	91%	9%
Quality Standards Average	100%	96%	4%

Performance Measures

Table R-2 presents the individual performance measures used to assess quality. The table shows consistent success for the PIHP relative to the average scores across all PIHPs. The PIHP's scores were higher than the average across PIHPs six measures. Overall, the PIHP's average score was 5 percentage points higher than the average across all PIHPs.

Table R-2—Performance Measures Assessing Quality			
Performance Measures	Thumb Alliance PIHP	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.67%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	90.32%	86%	4%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	100%	97%	3%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	0.00%	10%	10%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	11.29%	13%	2%
Quality Performance Measures Average	95%	90%	5%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table R-3 presents the statewide PIP topic, which was related to quality. The table shows a potential opportunity for improvement for the PIHP's PIP topic, scoring 9 percentage points lower than the average across all PIHPs.

Table R-3—PIP Topic Assessing Quality			
PIP Topic	Thumb Alliance PIHP	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	78%	87%	-9%

Timeliness

Standards

Table R-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, the maximum possible and indicating an area of strength for the PIHP.

Table R-4—Standards Assessing Timeliness			
Standards	Thumb Alliance PIHP	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table R-5 that the PIHP scored somewhat higher than the averages across all PIHPs for all measures. Overall, the PIHP's score was 5 percentage points higher than the average score across all PIHPs.

Table R-5—Performance Measures Assessing Timeliness			
Performance Measures	Thumb Alliance PIHP	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	99.27%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	99.40%	96%	3%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	98.40%	92%	6%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.67%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	90.32%	86%	4%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Timeliness Performance Measures Average	97%	92%	5%

Access

Standards

Table R-6 scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table R-6—Standards Assessing Access			
Standards	Thumb Alliance PIHP	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table R-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table R-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 6.45 percent and was approximately equal to the average rate across all PIHPs.

Table R-7—Performance Measures Assessing Access			
Performance Measures	Thumb Alliance PIHP	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	99.27%	96%	3%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	99.40%	96%	3%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	98.40%	92%	6%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.67%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	90.32%	86%	4%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	100%	92%	8%
Indicator 5. Penetration rate.	6.45%	6%	0%
Access Performance Measures Average	97%	92%	5%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table R-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table R-3. Again, the table shows a potential opportunity for improvement for the PIHP’s PIP topic, scoring 9 percentage points lower than the average across all PIHPs.

Table R-8—PIP Topic Assessing Access			
PIP Topic	Thumb Alliance PIHP	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	78%	87%	-9%

Introduction

This appendix provides this PIHP’s detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages.

Quality

Standards

Table S-1 presents the individual standards used to assess quality. The table shows that the PIHP scored 100 percent for all seven standards assessing quality. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, the maximum possible and indicating that this area is one of strength for the PIHP.

Table S-1—Standards Assessing Quality			
Standards	Venture Behavioral Health	Average Across PIHPs	Difference
I. Quality Assessment and Performance Improvement Plan and Structure	100%	98%	2%
II. Performance Measurement and Improvement	100%	99%	1%
III. Practice Guidelines	100%	97%	3%
IV. Staff Qualifications and Training	100%	99%	1%
VI. Customer Service	100%	98%	2%
VII. Recipient Grievance Process	100%	93%	7%
VIII. Recipient Rights and Protections	100%	91%	9%
Quality Standards Average	100%	96%	4%

Performance Measures

Table S-2 presents the individual performance measures used to assess quality. The table shows mixed success for the PIHP relative to the average scores across all PIHPs. The score for the measure on percent of persons discharged from a substance abuse/detox unit seen within 7 days, in particular, suggests an opportunity for improvement by being 19 percentage points lower than the average across all PIHPs. Overall, the PIHP’s average score was 1 percentage point lower than the average across all PIHPs.

Table S-2—Performance Measures Assessing Quality			
Performance Measures	Venture Behavioral Health	Average Across PIHPs	Difference
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.67%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	95.83%	86%	10%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	73.08%	92%	-19%
Indicator 8. Habilitation Supports Waiver (HSW) rate.	94.34%	97%	-3%
Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	8.33%	10%	2%
Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	9.72%	13%	3%
Quality Performance Measures Average	89%	90%	-1%
Note: Indicators 12a and 12b are "backwards" indicators, where lower scores suggest better quality. As such, their values were reversed when forming the averages. For example 10% was transformed into 90% to form the averages. Also, the "difference" scores were reversed to be consistent with the other measures.			

PIP Topic

Table S-3 presents the statewide PIP topic, which was related to quality. The table shows that the PIHP's PIP score was higher than the average score across all PIHPs by 2 percentage points.

Table S-3—PIP Topic Assessing Quality			
PIP Topic	Venture Behavioral Health	Average Across PIHPs	Difference
Coordination of Care (statewide PIP topic for all 18 PIHPs)	89%	87%	2%

Timeliness

Standards

Table S-4 presents the individual standards used to assess timeliness. The table shows that the PIHP scored 100 percent on all three standards. The PIHP scored particularly well for Recipient Grievance Process, exceeding the average across PIHPs by 7 percentage points. Overall, the PIHP exceeded the average for all PIHPs by 4 percentage points, indicating an area of strength for the PIHP.

Table S-4—Standards Assessing Timeliness			
Standards	Venture Behavioral Health	Average Across PIHPs	Difference
II. Performance Measurement and Improvement	100%	99%	1%
V. Utilization Management	100%	97%	3%
VII. Recipient Grievance Process	100%	93%	7%
Timeliness Standards Average	100%	96%	4%

Performance Measures

Table S-5 presents the individual performance measures used to assess timeliness. The table shows somewhat mixed results for the PIHP. For example, while the measure on percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults) is a potential strength by exceeding the average score across all PIHPs by 10 percentage points, percent of persons discharged from a substance abuse/detox unit seen within 7 days represents an opportunity for improvement for the PIHP due to it scoring 19 percentage points lower than the average across all PIHPs. Overall, the PIHP's score was 1 percentage point lower than the average score across all PIHPs.

Table S-5—Performance Measures Assessing Timeliness			
Performance Measures	Venture Behavioral Health	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	100%	96%	4%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	89.67%	96%	-6%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	84.05%	92%	-8%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.67%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	95.83%	86%	10%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	73.08%	92%	-19%
Timeliness Performance Measures Average	91%	92%	-1%

Access

Standards

Table S-6 presents the individual standards used to assess access. The table shows that the PIHP scored 100 percent on both standards. Overall, the PIHP exceeded the average for all PIHPs by 2 percentage points, the maximum possible.

Table S-6—Standards Assessing Access			
Standards	Venture Behavioral Health	Average Across PIHPs	Difference
V. Utilization Management	100%	97%	3%
VI. Customer Service	100%	98%	2%
Access Standards Average	100%	98%	2%

Performance Measures

Table S-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages as were presented in Table S-5 but adds the penetration rate (i.e., Indicator 5). There is repetition between the access and timeliness tables because the overlapping indicators conceptually assess both timeliness and access. Noting where the tables differ, the PIHP's penetration rate was 5.56 percent and was approximately equal to the average rate across all PIHPs.

Table S-7—Performance Measures Assessing Access			
Performance Measures	Venture Behavioral Health	Average Across PIHPs	Difference
Indicator 1a. Percent of emergency referrals completed within the time standard (children).	100%	98%	2%
Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	100%	96%	4%
Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	89.67%	96%	-6%
Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	84.05%	92%	-8%
Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	91.67%	86%	6%
Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	95.83%	86%	10%
Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	73.08%	92%	-19%
Indicator 5. Penetration rate.	5.56%	6%	0%
Access Performance Measures Average	91%	92%	-1%
Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations.			

PIP Topic

Table S-8 presents the statewide PIP topic, which was related to access as well as to quality—presented earlier in Table S-3. Again, the table shows that the PIHP’s PIP score was higher than the average score across all PIHPs by 2 percentage points.

Table S-8—PIP Topic Assessing Access			
PIP Topic	Venture Behavioral Health	Average Across PIHPs	Difference
Coordination of Care (Statewide PIP topic for all 18 PIHPs)	89%	87%	2%

Introduction

This appendix provides all the Michigan PIHPs' detailed scores, which were used to derive the results presented in the body of the report. With the exception of the individual performance measure scores, all values have been rounded to integer percentages. All notations of "NV" in the tables represent scores that were not valid and were not used in calculations and comparisons.

Quality

Standards

Table T-1 presents the individual standards used to assess quality. The table shows that the average scores across all PIHPs for each of the standards ranged from 91 percent to 99 percent, with a mean across all standards of 96 percent (seen in the bottom row of the table). The average across all standards for each PIHP individually ranged from 82 percent to 100 percent (seen in the right-most column in the table). The lowest score in the table was 62 percent for Detroit-Wayne County CMH Agency for the Customer Service standard. Further, Detroit-Wayne County CMH Agency was the only PIHP to score less than 100 percent for the measure. This finding strongly suggests that the standard for Customer Service represents an opportunity for improvement for the PIHP. Moreover, Detroit-Wayne County CMH Agency posted the lowest overall average across the standards at 82 percent and the lowest score for four of the seven standards. This finding suggests that the standards related to quality in general might be opportunities for improvement for the PIHP. Nonetheless, two standards are exceptions for Detroit-Wayne County CMH Agency: (1) Practice Guidelines and (2) Staff Qualifications and Training, where the PIHP scored 100 percent for each of the two measures.

Four PIHPs scored 100 percent for all of the standards assessing quality. The four PIHPs were: Genesee County CMH, LifeWays, Thumb Alliance PIHP, and Venture Behavioral Health. For these PIHPs, the standards assessing quality are recognized as areas of strength. Six other PIHPs are also to be commended on scoring 100 percent for six of the seven standards assessing quality. These PIHPs are: Access Alliance of Michigan, CMH Affiliation of Mid-Michigan, Lakeshore Behavioral Health Alliance, Northwest CMH Affiliation, Oakland County CMH Authority, and Southwest Affiliation.

Table T-1—Standards Assessing Quality

PIHP	I. Quality Assessment and Performance Improvement Plan and Structure	II. Performance Measurement and Improvement	III. Practice Guidelines	IV. Staff Qualifications and Training	VI. Customer Service	VII. Recipient Grievance Process	VIII. Recipient Rights and Protections	Quality Standards Average
Access Alliance of Michigan	100%	100%	100%	100%	100%	100%	94%	99%
CMH Affiliation of Mid-Michigan	100%	100%	100%	100%	100%	100%	91%	99%
CMH for Central Michigan	100%	100%	100%	100%	100%	69%	79%	93%
CMH Partnership of Southeastern Michigan	100%	100%	93%	83%	100%	100%	97%	96%
Detroit-Wayne County CMH Agency	77%	88%	100%	100%	62%	67%	81%	82%
Genesee County CMH	100%	100%	100%	100%	100%	100%	100%	100%
Lakeshore Behavioral Health Alliance	100%	100%	100%	100%	100%	100%	92%	99%
LifeWays	100%	100%	100%	100%	100%	100%	100%	100%
Macomb County CMH Services	95%	100%	100%	100%	100%	100%	97%	99%
network180	100%	100%	70%	100%	100%	85%	69%	89%
NorthCare	100%	100%	100%	100%	100%	94%	91%	98%
Northern Affiliation	100%	100%	90%	100%	100%	94%	79%	95%
Northwest CMH Affiliation	100%	100%	100%	100%	100%	100%	94%	99%
Oakland County CMH Authority	100%	100%	100%	100%	100%	100%	92%	99%
Saginaw County CMH Authority	100%	100%	100%	100%	100%	69%	88%	94%
Southwest Affiliation	100%	100%	100%	100%	100%	100%	89%	98%
Thumb Alliance PIHP	100%	100%	100%	100%	100%	100%	100%	100%
Venture Behavioral Health	100%	100%	100%	100%	100%	100%	100%	100%
Average Across PIHPs	98%	98%	97%	99%	98%	93%	91%	96%

Performance Measures

Table T-2 presents the individual performance measures used to assess quality. The table shows that the average scores across all PIHPs for each of the performance measures ranged from 86 to 97 percent, with a mean across all performance measures of 90 percent (seen in the bottom row of the table). In specifying this range, the two reversed indicators (i.e., where lower scores indicate better results—percent of discharges readmitted to inpatient care within 30 days of discharge for children and adults) were converted to the percentages of discharges NOT readmitted within 30 days by subtracting the tabled rates from 100 percent. These conversions were made within the formula for calculating the averages, but the rates are presented in their traditional manner in the table. This conversion results in the two rates posting average scores across all PIHPs of 90 percent and 87 percent instead of 10 percent and 13 percent, respectively.

The average across all performance measures for each PIHP individually ranged from 81 to 95 percent (seen in the right-most column in the table). In calculating the averages across performance measures, the two reversed indicators were again converted to the percentages of discharges who were NOT readmitted within 30 days. This conversion allows for the measures to be entered into the averages.

Opportunities for improvement can be found throughout Table T-2. These opportunities for improvement exist to some extent for every performance measure. Each of these opportunities for improvement has been noted in the individual PIHP appendices. To limit repetition, only the most evident opportunities for improvement are noted in this appendix for this table.

CMH for Central Michigan scored 50.00 percent and 69.05 for the first two performance measures (i.e., percent of persons discharged from a psychiatric inpatient unit seen within 7 days for children and adults) compared with the average across all PIHPs of 86 percent for both measures. Macomb County CMH Services' score of 50.00 percent for the first measure was the lowest of any PIHP, and the PIHP scored the lowest for the second measure at 42.61 percent.

Network180 posted the lowest score for the third performance measure (i.e., percent of persons discharged from a substance abuse/detox unit seen within 7 days) at 71.43 percent compared with the average across all PIHPs of 92 percent. The fourth performance measure (i.e., Habilitation Supports Waiver rate) showed the lowest score of 85.60 percent posted by CMH Partnership of Southeastern Michigan, compared with an average across all PIHPs of 97 percent. The fifth performance measures' lowest score (i.e., for percent of discharges readmitted to inpatient care within 30 days of discharge – children, a reversed measure where lower scores are better) was posted by Southwest Affiliation at 52.60 percent. The final performance measures' lowest score (i.e., for percent of discharges readmitted to inpatient care within 30 days of discharge – adults, a reversed measure where lower scores are better) was posted by NorthCare at 20.90 percent.

Two PIHPs had perfect scores for as many as three of the six performance measures. The PIHPs were Northern Affiliation and Thumb Alliance PIHP. For these two PIHPs, the performance measures assessing quality are a relative area of strength.

Table T-2—Performance Measures Assessing Quality

PIHP	Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	Indicator 8. Habilitation Supports Waiver (HSW) rate.	Indicator 12a. Percent of discharges readmitted to inpatient care within 30 days of discharge (children).	Indicator 12b. Percent of discharges readmitted to inpatient care within 30 days of discharge (adults).	Quality Performance Measures Average
Access Alliance of Michigan	83.33%	88.24%	91.67%	98.48%	0.00%	14.93%	91%
CMH Affiliation of Mid-Michigan	91.30%	91.94%	NV	99.19%	0.00%	11.11%	94%
CMH for Central Michigan	50.00%	69.05%	100%	98.24%	16.67%	6.98%	82%
CMH Partnership of Southeastern Michigan	92.00%	87.00%	98.00%	85.60%	8.00%	13.00%	90%
Detroit-Wayne County CMH Agency	68.67%	72.24%	100%	98.84%	11.24%	15.19%	86%
Genesee County CMH	83.33%	87.74%	92.31%	97.76%	18.75%	11.48%	88%
Lakeshore Behavioral Health Alliance	87.50%	95.12%	75.00%	98.69%	13.33%	4.17%	90%
LifeWays	78.95%	93.33%	100%	94.78%	0.00%	15.15%	92%
Macomb County CMH Services	73.08%	42.61%	100%	99.36%	11.11%	18.03%	81%
network180	96.30%	92.05%	71.43%	96.82%	11.76%	19.79%	88%
NorthCare	100%	93.50%	93.50%	99.45%	8.70%	20.90%	93%
Northern Affiliation	100%	100%	75.00%	98.14%	0.00%	10.00%	94%
Northwest CMH Affiliation	75.00%	83.67%	100%	96.13%	4.76%	5.17%	91%
Oakland County CMH Authority	100%	98.21%	94.44%	99.08%	13.16%	16.67%	94%
Saginaw County CMH Authority	NV	NV	NV	98.26%	9.09%	17.94%	90%
Southwest Affiliation	93.80%	83.80%	100%	96.06%	52.60%	17.50%	84%
Thumb Alliance PIHP	91.67%	90.32%	100%	100%	0.00%	11.29%	95%
Venture Behavioral Health	91.67%	95.83%	73.08%	94.34%	8.33%	9.72%	89%
Average Across PIHPs	86%	86%	92%	97%	10%	13%	90%

PIP Topic

Table T-3 presents the results for the statewide PIP topic, Coordination of Care, which assessed quality. The table shows that the scores for the PIP topic ranged from 61 percent for CMH for Central Michigan to 100 percent for CMH Partnership of Southeastern Michigan, Macomb County CMH Services, and NorthCare. The average score across all PIHPs was 87 percent. The lower-scoring PIHPs (i.e., Access Alliance of Michigan, CMH for Central Michigan, Detroit-Wayne County CMH Agency, LifeWays, Northwest CMH Affiliation, and Thumb Alliance PIHP) should consider the PIP topic as a likely opportunity for improvement. For the higher-scoring PIHPs (i.e., CMH Partnership of Southeastern Michigan, Macomb County CMH Services, NorthCare, and Southwest Affiliation), the PIP topic is seen as an area of strength.

Table T-3—PIP Topic Assessing Quality			
PIHP	Coordination of Care (Statewide PIP topic for all 18 PIHPs)	Average Across PIHPs	Difference
Access Alliance of Michigan	78%	87%	-9%
CMH Affiliation of Mid-Michigan	90%	87%	3%
CMH for Central Michigan	61%	87%	-26%
CMH Partnership of Southeastern Michigan	100%	87%	13%
Detroit-Wayne County CMH Agency	77%	87%	-10%
Genesee County CMH	90%	87%	3%
Lakeshore Behavioral Health Alliance	94%	87%	7%
LifeWays	79%	87%	-8%
Macomb County CMH Services	100%	87%	13%
network180	90%	87%	3%
NorthCare	100%	87%	13%
Northern Affiliation	86%	87%	-1%
Northwest CMH Affiliation	71%	87%	-16%
Oakland County CMH Authority	92%	87%	5%
Saginaw County CMH Authority	90%	87%	3%
Southwest Affiliation	95%	87%	8%
Thumb Alliance PIHP	78%	87%	-9%
Venture Behavioral Health	89%	87%	2%

Timeliness

Standards

Table T-4 presents the results for the standards assessing timeliness. The table shows that the PIHPs scored very well overall on the standards assessing timeliness. Twelve of the 18 PIHPs scored 100 percent for all three of the selected standards. This finding suggests that the six other PIHPs have an opportunity for improvement in the standards where they did not score 100 percent. These six PIHPs are: CMH for Central Michigan, Detroit-Wayne County CMH Agency, network180, NorthCare, Northern Affiliation, and Saginaw County CMH Authority. Nonetheless, NorthCare's score of 94 percent for the third standard (i.e., Recipient Grievance Process) at one percentage point above the average across all PIHPs for that standard, somewhat mitigated the opportunity for improvement. Only Detroit-Wayne County CMH Agency scored lower than 100 percent for the first standard assessing timeliness (i.e., Performance Measurement and Improvement) at 88 percent. Lastly, the third standard assessing timeliness appeared to have been the most troublesome for the PIHPs, which averaged 93 percent overall for that standard.

Table T-4—Standards Assessing Timeliness

PIHP	II. Performance Measurement and Improvement	V. Utilization Management	VII. Recipient Grievance Process	Timeliness Standards Average
Access Alliance of Michigan	100%	100%	100%	100%
CMH Affiliation of Mid-Michigan	100%	100%	100%	100%
CMH for Central Michigan	100%	68%	69%	79%
CMH Partnership of Southeastern Michigan	100%	100%	100%	100%
Detroit-Wayne County CMH Agency	88%	92%	67%	82%
Genesee County CMH	100%	100%	100%	100%
Lakeshore Behavioral Health Alliance	100%	100%	100%	100%
LifeWays	100%	100%	100%	100%
Macomb County CMH Services	100%	100%	100%	100%
network180	100%	96%	85%	94%
NorthCare	100%	100%	94%	98%
Northern Affiliation	100%	88%	94%	94%
Northwest CMH Affiliation	100%	100%	100%	100%
Oakland County CMH Authority	100%	100%	100%	100%
Saginaw County CMH Authority	100%	100%	69%	90%
Southwest Affiliation	100%	100%	100%	100%
Thumb Alliance PIHP	100%	100%	100%	100%
Venture Behavioral Health	100%	100%	100%	100%
Average Across PIHPs	99%	97%	93%	96%

Performance Measures

Table T-5 presents the results for the performance measures assessing timeliness. In the same manner as Table T-2, only the most compelling opportunities for improvement are listed in this appendix. More detail at the level of the PIHPs can be found in the individual appendices for each PIHP.

The first performance measure (i.e., percent of emergency referrals completed within the time standard) had a lowest score of 93.58 percent from Detroit-Wayne County CMH Agency and only somewhat qualifies as a recognized opportunity for improvement. The lowest score for the second measure (i.e., percent of emergency referrals completed within the time standard—adults), however, was 71.78 percent from Detroit-Wayne County CMH Agency and is a recognized opportunity for improvement for the PIHP. The third measure (i.e., percent of persons receiving an initial assessment within 14 calendar days of first request) saw a lowest score of 84.00 from Saginaw County CMH Authority. The fourth measure (i.e., percent of persons who started service within 14 calendar days of assessment) had a lowest score of 77.10 percent from network180. The fifth measure (i.e., percent of persons discharged from a psychiatric inpatient unit seen within 7 days—children) saw a lowest score of 50.00 percent from CMH for Central Michigan, which is strongly indicative of an opportunity for improvement. The sixth measure (i.e., percent of persons discharged from a psychiatric inpatient unit seen within 7 days—adults) had a lowest score of 42.61 percent from Macomb County CMH Services, which is, again, strongly indicative of an opportunity for improvement. The final measure (i.e., percent of persons discharged from a substance abuse/detox unit seen within 7 days) saw a lowest score of 71.43 percent from network180. Only Macomb County CMH Services and Northern Affiliation had as many as three performance measures assessing timeliness at 100 percent.

Table T-5—Performance Measures Assessing Timeliness

PIHP	Indicator 1a. Percent of emergency referrals completed within the time standard (children).	Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	Timeliness Performance Measures Average
Access Alliance of Michigan	100%	99.00%	92.42%	89.11%	83.33%	88.24%	91.67%	92%
CMH Affiliation of Mid-Michigan	100%	98.94%	99.28%	98.39%	91.30%	91.94%	NV	97%
CMH for Central Michigan	96.00%	99.00%	97.00%	93.28%	50.00%	69.05%	100%	86%
CMH Partnership of Southeastern Michigan	100%	100%	99.00%	95.00%	92.00%	87.00%	98.00%	96%
Detroit-Wayne County CMH Agency	93.58%	71.78%	NV	NV	68.67%	72.24%	100%	81%
Genesee County CMH	98.00%	96.00%	98.05%	84.18%	83.33%	87.74%	92.31%	91%
Lakeshore Behavioral Health Alliance	100%	98.00%	98.57%	95.51%	87.50%	95.12%	75.00%	93%
LifeWays	95.24%	97.41%	94.44%	100%	78.95%	93.33%	100%	94%
Macomb County CMH Services	100%	100%	95.86%	95.15%	73.08%	42.61%	100%	87%
network180	95.31%	95.31%	97.59%	77.10%	96.30%	92.05%	71.43%	89%
NorthCare	98.80%	98.80%	94.80%	92.70%	100%	93.50%	93.50%	96%
Northern Affiliation	100%	98.00%	98.46%	93.85%	100%	100%	75.00%	95%
Northwest CMH Affiliation	95.00%	96.00%	96.34%	91.57%	75.00%	83.67%	100%	91%
Oakland County CMH Authority	99.10%	94.07%	100%	93.63%	100%	98.21%	94.44%	97%
Saginaw County CMH Authority	100%	98.00%	84.00%	84.37%	NV	NV	NV	92%
Southwest Affiliation	98.00%	96.90%	99.60%	96.00%	93.80%	83.80%	100%	95%
Thumb Alliance PIHP	100%	99.27%	99.40%	98.40%	91.67%	90.32%	100%	97%
Venture Behavioral Health	100%	100%	89.67%	84.05%	91.67%	95.83%	73.08%	91%
Average Across PIHPs	98%	96%	96%	92%	86%	86%	92%	92%

Access

Standards

Table T-6 presents the results for the standards assessing access. The table shows that the PIHPs did quite well overall for the two standards in the table. Fourteen of the 18 PIHPs scored 100 percent for both standards. Of the four PIHPs not scoring 100 percent for both standards, the first standard (i.e., Utilization Management) represents an opportunity for improvement for CMH for Central Michigan, scoring 68 percent, and for Northern Affiliation, scoring 88 percent. The second standard (i.e., Customer Service) represents an opportunity for improvement for Detroit-Wayne County CMH Agency, scoring 62 percent, and the only PIHP that did not score 100 percent for the standard.

Table T-6—Standards Assessing Access			
PIHP	V. Utilization Management	VI. Customer Service	Access Standards Average
Access Alliance of Michigan	100%	100%	100%
CMH Affiliation of Mid-Michigan	100%	100%	100%
CMH for Central Michigan	68%	100%	84%
CMH Partnership of Southeastern Michigan	100%	100%	100%
Detroit-Wayne County CMH Agency	92%	62%	77%
Genesee County CMH	100%	100%	100%
Lakeshore Behavioral Health Alliance	100%	100%	100%
LifeWays	100%	100%	100%
Macomb County CMH Services	100%	100%	100%
network180	96%	100%	98%
NorthCare	100%	100%	100%
Northern Affiliation	88%	100%	94%
Northwest CMH Affiliation	100%	100%	100%
Oakland County CMH Authority	100%	100%	100%
Saginaw County CMH Authority	100%	100%	100%
Southwest Affiliation	100%	100%	100%
Thumb Alliance PIHP	100%	100%	100%
Venture Behavioral Health	100%	100%	100%
Average Across PIHPs	97%	98%	98%

Performance Measures

Table T-7 presents the individual performance measures used to assess access. The table lists the same indicators, rates, and averages that were presented in Table T-5 but adds the penetration rate (i.e., Indicator 5). The repetition between tables is because the overlapping indicators conceptually assess both timeliness and access. Noting where the tables differ, the penetration rate ranged from 4.01 percent for Saginaw County CMH Authority to 8.20 percent for Access Alliance of Michigan and averaged 6 percent across all PIHPs.

Table T-7—Performance Measures Assessing Access

PIHP	Indicator 1a. Percent of emergency referrals completed within the time standard (children).	Indicator 1b. Percent of emergency referrals completed within the time standard (adults).	Indicator 2. Percent of persons receiving an initial assessment within 14 calendar days of first request.	Indicator 3. Percent of persons who started service within 14 calendar days of assessment.	Indicator 4a1. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (children).	Indicator 4a2. Percent of persons discharged from a psychiatric inpatient unit seen within 7 days (adults).	Indicator 4b. Percent of persons discharged from a substance abuse/detox unit seen within 7 days.	Indicator 5. Penetration rate.	Access Performance Measures Average
Access Alliance of Michigan	100%	99.00%	92.42%	89.11%	83.33%	88.24%	91.67%	8.20%	92%
CMH Affiliation of Mid-Michigan	100%	98.94%	99.28%	98.39%	91.30%	91.94%	NV	5.71%	97%
CMH for Central Michigan	96.00%	99.00%	97.00%	93.28%	50.00%	69.05%	100%	6.95%	86%
CMH Partnership of Southeastern Michigan	100%	100%	99.00%	95.00%	92.00%	87.00%	98.00%	6.31%	96%
Detroit-Wayne County CMH Agency	93.58%	71.78%	NV	NV	68.67%	72.24%	100%	4.61%	81%
Genesee County CMH	98.00%	96.00%	98.05%	84.18%	83.33%	87.74%	92.31%	4.85%	91%
Lakeshore Behavioral Health Alliance	100%	98.00%	98.57%	95.51%	87.50%	95.12%	75.00%	NV	93%
LifeWays	95.24%	97.41%	94.44%	100%	78.95%	93.33%	100%	5.56%	94%
Macomb County CMH Services	100%	100%	95.86%	95.15%	73.08%	42.61%	100%	5.11%	87%
network180	95.31%	95.31%	97.59%	77.10%	96.30%	92.05%	71.43%	4.59%	89%
NorthCare	98.80%	98.80%	94.80%	92.70%	100%	93.50%	93.50%	6.12%	96%
Northern Affiliation	100%	98.00%	98.46%	93.85%	100%	100%	75.00%	5.99%	95%
Northwest CMH Affiliation	95.00%	96.00%	96.34%	91.57%	75.00%	83.67%	100%	6.36%	91%
Oakland County CMH Authority	99.10%	94.07%	100%	93.63%	100%	98.21%	94.44%	7.44%	97%
Saginaw County CMH Authority	100%	98.00%	84.00%	84.37%	NV	NV	NV	4.01%	92%
Southwest Affiliation	98.00%	96.90%	99.60%	96.00%	93.80%	83.80%	100%	6.51%	95%
Thumb Alliance PIHP	100%	99.27%	99.40%	98.40%	91.67%	90.32%	100%	6.45%	97%
Venture Behavioral Health	100%	100%	89.67%	84.05%	91.67%	95.83%	73.08%	5.56%	91%
Average Across PIHPs	98%	96%	96%	92%	86%	86%	92%	6%	92%

PIP Topic

Table T-8 presents the statewide PIP topic, which was related to access as well as to quality and was presented earlier in Table T-3. Again, the table shows that the scores for the PIP topic ranged from 61 percent for CMH for Central Michigan to 100 percent for CMH Partnership of Southeastern Michigan, Macomb County CMH Services, and NorthCare. The average score across all PIHPs was 87 percent. The lower scoring PIHPs (i.e., Access Alliance of Michigan, CMH for Central Michigan, Detroit-Wayne County CMH Agency, LifeWays, Northwest CMH Affiliation, and Thumb Alliance PIHP) should consider the PIP topic as a likely opportunity for improvement. For the higher-scoring PIHPs (i.e., CMH Partnership of Southeastern Michigan, Macomb County CMH Services, NorthCare, and Southwest Affiliation), the PIP topic is seen as an area of strength.

Table T-8—PIP Topic Assessing Access

PIHP	Coordination of Care (Statewide PIP topic for all 18 PIHPs)	Average Across PIHPs	Difference
Access Alliance of Michigan	78%	87%	-9%
CMH Affiliation of Mid-Michigan	90%	87%	3%
CMH for Central Michigan	61%	87%	-26%
CMH Partnership of Southeastern Michigan	100%	87%	13%
Detroit-Wayne County CMH Agency	77%	87%	-10%
Genesee County CMH	90%	87%	3%
Lakeshore Behavioral Health Alliance	94%	87%	7%
LifeWays	79%	87%	-8%
Macomb County CMH Services	100%	87%	13%
network180	90%	87%	3%
NorthCare	100%	87%	13%
Northern Affiliation	86%	87%	-1%
Northwest CMH Affiliation	71%	87%	-16%
Oakland County CMH Authority	92%	87%	5%
Saginaw County CMH Authority	90%	87%	3%
Southwest Affiliation	95%	87%	8%
Thumb Alliance PIHP	78%	87%	-9%
Venture Behavioral Health	89%	87%	2%